

L13000127024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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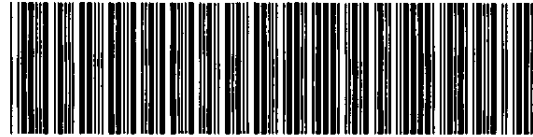
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

C.M.
8/4/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Flagship Management Services LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael A. Adams

Name of Person

Flagship Management Services

Firm/Company

17760 Panama City Beach Parkway

Address

Panama City Beach, FL 32413

City/State and Zip Code

debbied@kilgonesbrickpavers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Strode

Name of Person

at (850) 249-5055

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$51 Filing Fee & Certified Copy

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SEAL OFFICE
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Flagship Management Services LLC

2. (a) _____
Principal office address of limited liability company: _____
(Note: MUST BE STREET ADDRESS)

17760 Panama City Beach Parkway
Panama City Beach, FL 32413

Mailing address of limited liability company: _____
(Note: MAY BE POST OFFICE BOX)

SAME

3. _____ Date of filing/registration in Florida _____ Document number
9-9-13 L13000127024

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Corporation Service Company
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1201 Hays Street
Tallahassee, FL 32301

(b) _____
Enter name of NEW Registered Agent and/or NEW _____

Michael A Adams
NEW Registered Office Address:
17760 Panama City Beach Parkway
Panama City Beach 32413

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TALLAHASSEE, FLORIDA
STATE

If the limited liability company is not organized or is not a company of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the _____ office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the _____ limited liability company or as otherwise provided in the articles of organization or the operating agreement of the _____ limited liability company.

Signature of a member or authorized representative of _____

Printed or typed name of signer Michael Adams

I hereby accept the appointment as registered agent in this capacity. I further agree to comply with the provisions of all statutes relative to the proper performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. _____, F.S. Or, if this document is being filed to merely reflect a change in the registered office of the _____ limited liability company, I have been notified in writing of this change.

Signature of Registered Agent Michael Adams

Division of Corporations and Business Regulation, Tallahassee, FL 32314