

L13000133563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

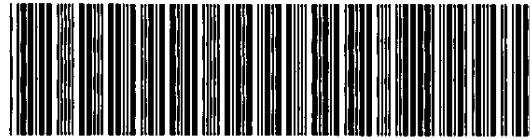
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DIVISION OF CORPORATIONS

C. LEWIS
Sept 9, 2014
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2014

WILLIAM F. HOLLOWAY / ELLENBEE SOLUTIONS, LLC
1608 HOLLY OAKS LAKE RD WEST
JACKSONVILLE, FL 32225 US

SUBJECT: ELLENBEE SOLUTIONS, LLC
Ref. Number: L13000133563

We have received your document for ELLENBEE SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 214A00018440

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ellenbee Solutions, 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:

William Holloway
Name of Person

ELLENBEE SOLUTIONS LLC
Firm/Company

1608 Holly Oaks Lk Rd W
Address

Jacksonville, FL 32225
City/State and Zip Code

wholloway@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Holloway at (904) 707-1608
Name of Person 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

☒ \$55 Filing Fee & Certified Copy

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: Ellenbee Solutions, LLC

2. (a) 1608 Holly Oaks Lake Rd. W. (b) 1608 Holly Oaks Lake Rd W

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Jacksonville, FL 32225

Jacksonville, FL 32225

9/20/2013

L13000133563

3. Date of filing/registration in Florida

4. Document number

5. (a) LEGAL INC CORPORATE SERVICES INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

841 Prudential Dr

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

FLOOR 12

JACKSONVILLE, FL 32207

(b) ELLENBEE SOLUTIONS LLC / William Holloway

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1608 Holly Oaks Lake Rd W

NEW Registered Office Address:

Jacksonville, FL 32225

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered 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.

Lisa A. Holloway
Signature of a member or authorized representative of a member

Lisa A. Holloway
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA