## L13000146377

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	11/19
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SECRETARY OF STATE



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 2, 2021

WILLIAM H HARLOW 937 STATE ROAD 71 SOUTH MARIANNA, FL 32448 US

SUBJECT: PETRA PROPERTIES LLC

Ref. Number: L13000146377

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

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

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Jasmine N Horne Regulatory Specialist II

Letter Number: 721A00026696

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT: Petra Pri	operties LLC		
	e 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 H. Harle	o W		
Petra Properties	225		
937 17 Wy71 50			
Narianna Fl City/State and Zip Code	32446		
E-mail address: (to be used for future annu	1		
For further information concerning this matter, p	olease call:		
Mame of Person	at (813) 9566845 Area Code & Daytime Telephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

INHS18 (2/14)

## 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: Petra f	Properties LLC
2. (a) 937 Hwy 71 South  Principal office address of limited liability company:	(b) 937 Hwy 71 South Mailing address of limited liability company:
Marianna, FL 3248	Marianna, FL 32448
32445  16/16/2013  Date of filing/registration in Florida	L13000146377
	4. Document number
5. (a) William H Harlow	State Plant I Day and Carry
Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)
Tampa , FI	
(b)	TIOffice address:
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	1 Office address:
937 Hwy 71 Sout	ار الم
NEW Registered Office Address:	
Marianna, FL	
FI	32448
If the limited liability company is not organized under the law change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liawas/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the Signature of a member or authorized representative of a member	ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provide to merely reflect a change in the registered office address, I i notified in viriting of this change	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept d for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been

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

Signature of Registered Agent