

L13000161799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

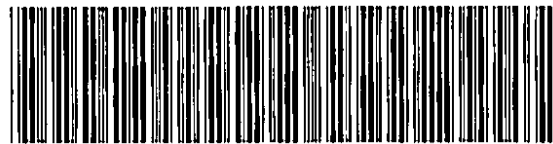
(Business Entity Name)

(Document Number)

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COMMONS

SEP 13 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 29, 2018

ARMEN GREGORIAN  
1400 CARANDIS CIRCLE  
LAKE CLARKE SHORES, FL 33406

SUBJECT: COURTROOM ALTERNATIVES LLC  
Ref. Number: L13000161799

We have received your document for COURTROOM ALTERNATIVES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 918A00017976

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Courtroom Alternatives 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:

Armen Gregorian  
Name of Person

Courtroom Alternatives LLC  
Firm/Company

1400 Carandis Circle  
Address

Lake Clarke Shores, FL 33406  
City/State and Zip Code

armeng70@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Armen Gregorian at ( 561 ) 601-4751  
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: Courtroom Alternatives LLC

2. (a) Armen Gregorian (b) Armen Gregorian

Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

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

1400 Carandis Circle

1400 Carandis Circle

Lake Clarke Shores, FL 33406

Lake Clarke Shores FL 33406

11/19/13

L13000161799

3. Date of filing/registration in Florida

4.

Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8638 Falcon Green Dr.

W PB

FL

33412

(b) Armen Gregorian  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1400 Carandis Circle

Lake Clarke Shores FL 33406

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.

Armen Gregorian  
Signature of a member or authorized representative of a member

Armen Gregorian

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.*

Armen Gregorian  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00