

L13000164187

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700308416737

01/31/18--01013--013 **25.00

FILED
18 JAN 31 PM 2:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

FEB 01 2018

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Coast Viking Pools, 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:

Lisa Hoffert

Name of Person

First Coast Viking Pools, LLC

Firm/Company

919 Waterman Rd. S.

Address

Jacksonville, FL 32207

City/State and Zip Code

lisa@firstcoastvikingpools.com

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

For further information concerning this matter, please call:

Lisa Hoffert

Name of Person

at (904)

923-4997

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: First Coast Viking Pools, LLC

2. (a) 919 Waterman Rd. S. (b) 919 Waterman Rd. S.

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

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

Jacksonville, FL 32207

Jacksonville, FL 32207

3. Date of filing/registration in Florida

4. 613000164187 Document number

5. (a) Lisa Marie Granuzzo-Hoffert

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

919 Waterman Rd. S.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Jacksonville, FL 32207

(b) Andrew A. Granuzzo (to be add in addition to Lisa)

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

919 Waterman Rd. S.

NEW Registered Office Address:

Jacksonville, FL 32207

FILED
18 JAN 31 PM 2:49
TALLAHASSEE, FLORIDA

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 Hoffert
Signature of a member or authorized representative of a member

Lisa Hoffert
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 of Registered Agent