

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L1300016126

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
FACET ANALYTICAL SERVICES & TECHNOLOGY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED
2017 FEB 28 PM 1:09
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED
17 FEB 27 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Resubmit Juris Rejection Please Reatin Orginal Filing Date of 2/27/17

D. SCOTT
MAR 1 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FACET Analytical Services & Technology 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:

Scott Miller

Name of Person

FACET Analytical Services & Technology LLC

Firm/Company

8261 Burnt Store Rd.

Address

Punta Gorda, FL

City/State and Zip Code

info@facetllc.com

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

For further information concerning this matter, please call:

Mary Plado

at (518)

451-8013

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

INHS18 (2/14)

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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: FACET Analytical Services & Technology LLC

2. (a) 8261 Burnt Store Rd. Punta Gorda, FL 33950

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

(b)

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

01/03/2013

3. Date of filing/registration in Florida

L13000167126

4.

Document number

5. (a) Scott A. Miller

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

8261 Burnt Store Rd. Punta Gorda, FL 33950

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

, FL

(b)

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

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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.

Scott Miller

Signature of a member or authorized representative of a member

Scott Miller - Manager

Printed or typed name of signee

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.

By: C T Corporation System

Signature of Registered Agent

Janifer Vincent

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

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