

L13000 173669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

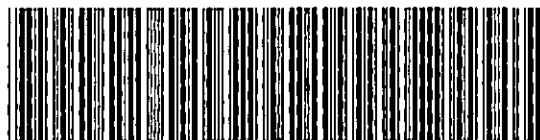
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

10/12/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Buffalo Stone Virginia 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:

Robert Bester

Name of Person

Buffalo Stone Virginia LLC

Firm/Company

151 Kingsley Ave

Address

Orange Park FL 32073

City/State and Zip Code

mb5454@icloud.com

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

For further information concerning this matter, please call:

Robert Bester

904

6528.349

at (_____) _____

Name of Person

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

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: Buffalo Stone Virginia LLC

2. (a) 151 Kingsley Ave (b) _____

Principal office address of limited liability company:

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

Orange Park FL 32073

Mailing address of limited liability company:

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

9838 Old Baymeadows Rd #136

Jacksonville FL 32256

12/16/13

L13000173669

3. Date of filing/registration in Florida

4. Document number

5. (a) Robert Bester

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

9050 Cypress Green Dr

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 101

JACKSONVILLE, FL 32256

(b) ROBERT BESTER

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

151 KINGSLEY AVE JACKSONVILLE FL 32073.

NEW Registered Office Address:

_____, FL _____

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.

Signature of a member or authorized representative of a member

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