

213000174515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

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NOV 15 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sandy Creek Partners, 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:

M. Gray Stevens

Name of Person

Sandy Creek Partners, LLC

Firm/Company

2570 Commerce Parkway

Address

North Port, FL 34289

City/State and Zip Code

gstevens@sandycp.com

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

For further information concerning this matter, please call:

M. Gray Stevens at (847) 404-7509
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: Sandy Creek Partners, LLC

2. (a) 2570 Commerce Parkway (b) 2570 Commerce Parkway

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

North Port, FL 34289

North Port, FL 34289

12.16.13

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3. Date of filing/registration in Florida

4. Document number

5. (a) M. Gray Stevens

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

2579 N. Toledo Blade Blvd.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

North Port, FL 34289

(b) M. Gray Stevens

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

2570 Commerce Parkway

NEW Registered Office Address:

North Port, FL 34289

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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.

M. Gray Stevens

Signature of a member or authorized representative of a member

M. Gray Stevens

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.

M. Gray Stevens

Signature of Registered Agent

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