

L13000175/48

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

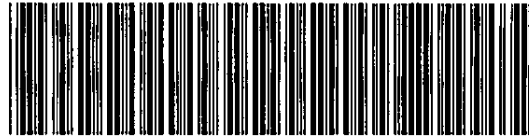
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100269708051

02/23/15--01051--017 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 APR -2 AM 11:36

APR 03 2015
T. CARTER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 26, 2015

JESSICA MCCLELLAND
SITE EVALUATIONS OF FLORIDA LLC
4495 11TH AVE SW
NAPLES, FL 34116 US

SUBJECT: SITE EVALUATIONS OF FLORIDA LLC.
Ref. Number: L13000175148

We have received your document for SITE EVALUATIONS OF FLORIDA 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 115A00004042

RECEIVED

15 APR -2 PM 12:36

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Site Evaluations of Florida 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:

Jessica McClelland

Name of Person

Site Evaluations of Florida LLC

Firm/Company

4495 11th Ave SW

Address

Naples, FL 34116

City/State and Zip Code

siteevaluations@gmail.com

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

For further information concerning this matter, please call:

Jessica McClelland at (239) 227-8215
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

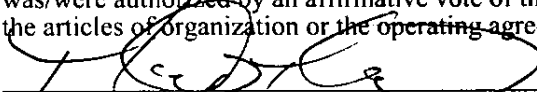
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

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: <u>Site Evaluations of Florida LLC</u>	
2. (a) <u>Site Evaluations of Florida LLC</u> Principal office address of limited liability company: <u>(Note: MUST BE STREET ADDRESS)</u> <u>3890 19th Ave SW</u> <u>Naples, FL 34117</u> <u>12/19/13</u>	(b) <u>Site Evaluations of Florida LLC</u> Mailing address of limited liability company: <u>(Note: MAY BE POST OFFICE BOX)</u> <u>3890 19th Ave SW</u> <u>Naples, FL 34117</u> <u>L13000175148</u>
3. <u>12/19/13</u> Date of filing/registration in Florida	4. <u>L13000175148</u> Document number
5. (a) <u>Tax & Accounting of SWFL</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>809 Walkerbilt Rd</u> Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u> <u>Suite 6</u> <u>Naples</u> , FL <u>34110</u>	
(b) _____ Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW Registered Office Address:</u> <u>3845 Beck Blvd #807</u> <u>Naples</u> , FL <u>34114</u>	

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 APR -2 AM 11:36

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

Michael Reynolds

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.

Signature of Registered Agent