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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

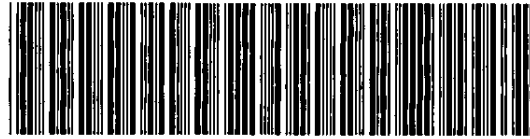
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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R. WHITE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2014

MICHAEL CAFIERO
502 S FREMONT AVE #242
TAMPA, FL 33606 US

SUBJECT: GIVE AN APPLE, LLC
Ref. Number: L14000004007

We have received your document for GIVE AN APPLE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Rebekah White
Regulatory Specialist II

Letter Number: 714A00013124

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GIVE AN APPLE, LLC
Name of Corporation

DOCUMENT NUMBER: L14 000004007

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL CAFIERO
Name of Contact Person

GIVE AN APPLE, LLC
Firm/Company

502 S. FREMONT AVE. #242
Address

TAMPA FL 33606
City/State and Zip Code

Betonmike@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL CAFIERO at 727 238 5553
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: GIVE AN APPLE INC. LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

502 S FREMONT AVE 242
TAMPA FL 33606

3. 1-8-2014 4. L14 000004007
Date of filing/registration in Florida Document number

5. (a) INCORP SERVICES INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

17588 6TH COURT NORTH
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

LUXAHATCHEE FL 33470

(b) VISIONFRONT, INC
Enter name of NEW Registered Agent and/or NEW Registered Office address:

502 S FREMONT AVE 242
NEW Registered Office Address:

TAMPA FL 33606

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 CAFIERO
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

CEO

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