114000009416

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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January 19, 2016

CRYSTAL WIMBERLEY 246 STATE ROAD 436 CASSELBERRY, FL 32707

SUBJECT: SOMETHING TO "C" LLC

Ref. Number: L14000009416

We have received your document for SOMETHING TO " C " 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):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 016A00001129

COVER LETTER

TO:	Registration Section Division of Corporations	*			
SUBJI	Something To "C" LLC				
		Name of Limited Liability Company			
Dear S	Sir or Madam:				
The en	closed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning this	s matter to the following:			
Cryst	al Wimberley				
	Name of Person				
Some	ething To "C"				
	Firm/Company				
246 \$	State Road 436				
	Address				
Cass	elberry, FL 32707				
	City/State and Zip Code				
info@	somethingtoc.com				
E	E-mail address: (to be used for future annu	ual report notification)			
For fu	rther information concerning this matter,	please call:			
Cryst	al Wimberley	at () 765-6317			
	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			
INHS1	8 (2/14)				

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. Na	ame of the limited liability company: Something T	¯о "С"		
2. (a)	246 State Road 436	(b) 2	(b) 246 State Road 436 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
_, ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(°)		
	Casselberry, FL 32707	<u>c</u>	asselberry, FL 32707	
	January 25, 2016	- . —	4000009416	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)		 		
	Registered Agent and Registered Office shown on the records of 13302 Winding Oak Court A	f the Florida Dep	ot. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	2016 JAN	
	Tampa , FI	L33612	JAN 2	
(b)	Crystal Wimberley		 	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	246 State Road 436		ZS ZS	
	NEW Registered Office Address:			
	Casselberry , FI	_L 32707		
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered in the registered in the limited limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company.	
Simo	pare of a member or authorized representative of a member	Crysta	l Wimberley Printed or typed name of signee	
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I din writing of this change.	ree to act in i e performance ed for in Chaj hereby confi		