

L40000045874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

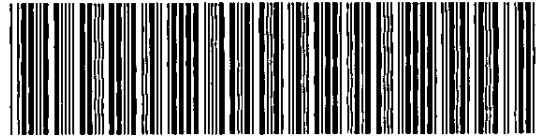
(Document Number)

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15 JUN -8 PM 4:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 26 2015  
S. YOUNG



RECEIVED

15 JUN 26 PM 3: 08

FLORIDA DEPARTMENT OF STATE

Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 12, 2015

WAYNE MCCOY  
6621 SOUTHPOINT DRIVE N N STE 200  
JACKSONVILLE, FL 32216

SUBJECT: HILLTOP AT ST. AUGUSTINE LLC  
Ref. Number: L14000045874

We have received your document for HILLTOP AT ST. AUGUSTINE 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):

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) 245-6051.

Shelia H Young  
Regulatory Specialist II

Letter Number: 115A00012382

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TALLAHASSEE, FLORIDA

Hilltop at St. Augustine, LLC  
6621 Southpoint Dr N Suite 200 Jacksonville, FL 32216

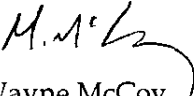
To Whom It May Concern:

The original request submitted to update Hilltop at St. Augustine, LLC registered office was submitted on the form for corporations. Along with the fee \$35 fee, check number 1367. Attached is the correct Statement of Change of Registered Office for LLC's. Please apply \$25 of the original check sent and refund the remaining \$10 to Wayne McCoy. Please send to:

Wayne McCoy  
Hilltop at St. Augustine, LLC  
6621 Southpoint Dr N  
Suite 200  
Jacksonville, FL 32216

Please call me with any questions.

Thank you,



Wayne McCoy  
904-497-4800

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Hilltop at St. Augustine 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:

Wayne McCoy

Name of Person

Hilltop at St. Augustine LLC

Firm/Company

6621 Southpoint Dr N Suite 200

Address

Jacksonville, FL 32216

City/State and Zip Code

admin@mccoyandcompany.com

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

For further information concerning this matter, please call:

Jacqueline Pippin at (904) 497-4800

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

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**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: Hilltop at St. Augustine 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**)

6621 Southpoint Dr N Suite 200

Jacksonville, FL 32216

03/19/2014

L14000045874

3. \_\_\_\_\_ 4. \_\_\_\_\_  
Date of filing/registration in Florida Document number

5. (a) Wayne McCoy

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

Wayne McCoy

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

9210 Cypress Green Dr

Jacksonville, FL 32256

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

6621 Southpoint Dr N Suite 200

Jacksonville, FL 32216

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. McCoy  
Signature of a member or authorized representative of a member

Wayne McCoy

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. McCoy  
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA