

L14 0000 55880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

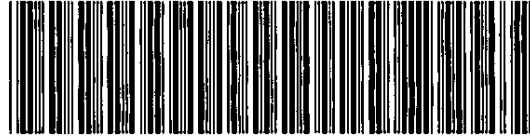
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 AUG 15 P 4:39

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AUG 16 2015
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2016

JOHN CHARLES MORRIS II
700 BLANDING BLVD, STE 13, #379
ORANGE PARK, FL 32065

SUBJECT: COLORED SANDS LLC
Ref. Number: L14000055880

We have received your document for COLORED SANDS 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 716A00013511

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Colored Sands 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:

John Charles Morris II

Name of Person

Colored Sands LLC

Firm/Company

700 Blanding Blvd., STE 13, #379

Address

Orange Park, FL 32065

City/State and Zip Code

ColoredSandsLLC@gmail.com

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

For further information concerning this matter, please call:

John C. Morris II

904

305-4338

at ()

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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TALLAHASSEE, FLORIDA

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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.

Colored Sands LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

661 Blanding Blvd., STE 103, #379

Orange Park, FL 32073

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

661 Blanding Blvd., STE 103, #379

Orange Park, FL 32073

April 4, 2014

L14000055880

3. Date of filing/registration in Florida

4. Document number

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

Registered Agents Inc

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

3030 N. Rocky Point Dr., Suite 150A

Tampa, FL 33607

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

John Charles Morris II

NEW Registered Office Address:

700 Blanding Blvd., STE 13, #379

Orange Park, FL 32065

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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.

John Charles Morris II

Signature of a member or authorized representative of a member

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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00