## L1400068994

(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



700263483117

08/25/14--01026--025 \*\*35.00

14 SEP 25 PM 2: 37

OCT 0 7 2014 C. CARROTHERS



September 3, 2014

JERRY BATTEH UNETA HOME LLC 9072 COTSWOLD WAY JACKSONVILLE, FL 32257

SUBJECT: UNETA HOME, LLC Ref. Number: L14000068994

We have received your document for UNETA HOME, 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 attached form must be completed in order to file the document.

PLEASE BE SURE TO SIGN PAGE 4 OF 4.

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.

Cathy A Carrothers Regulatory Specialist

Letter Number: 614A00018730

## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations	
SUBJECT: UNETA HOME, LLC	
Name	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Jerry Batteh	
Name of Person	
Uneta Home, LLC	
Firm/Company	<del> </del>
9072 Cotswold Way	
Address	
Jacksonville, FL 32257	
City/State and Zip Code	
jebatteh@yahoo.com	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter,	please call:
Jerry Batteh	904 568 6811
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
INHS18 (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.

	ame of the limited liability company:  9072 Cotswold Way		<sub>(b)</sub> 9	072 Cotswold Way
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(a) —	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Jacksonville, FL 32257		Ja	acksonville, FL 32257
	04/29/14		L1	4000068994
	Date of filing/registration in Florida	4.		Document number
(a)	InCorp Services			
. (u)	Registered Agent and Registered Office shown on the records of 17888 67th North	f the Flor	ida De <sub>l</sub>	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SSI	<del></del>
	Loxahatchee			میشو
		3347	0	
	, FI	L	<del></del>	SE SE
(b)				Sign Distriction
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office	addres	<u>s</u> :
	Parameter De Mark			PA CO
	Jimmy Batteh			
	NEW Registered Office Address:			49
	9072 Cotswold Way			
	Jacksonville,	L_3225	57	
he ch igent vas/w	Jacksonville,  limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members ticles of organization of the operating agreement of the	nws of the re liability of the le limite	he Sta gister comp imited d liab	red office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in dility company.
he ch igent was/w he art	limited liability company is not organized under the latange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited laterer authorized by an affirmative vote of the members ticles of organization of the operating agreement of the	nws of the re liability of the le limite	he Sta gister comp imited d liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in will be company.  Batteh
he chargent was/whe ard Sign I here object to me!	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members	aws of to fine reliability of the limite	he Sta gister comp imited d liab erry	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in polity company.  Batteh  Printed or typed name of signee  this canacity. I further garee to comply with the

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