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STATE OF CALIFORNIA
DIVISION OF CORPORATIONS
14 OCT -7 PM 12:35

C. Lewis
10-16-14



A LIMITED LIABILITY PARTNERSHIP

1883 W. Royal Hunte Dr.
Suite 200
Cedar City, Utah 84720
Phone 435-586-9366
Fax 435-586-9491

Holly Butterfield, Paralegal
Holly@kkoslawyers.com

October 1, 2014

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

Enclosed for processing are duplicates of the Statement of Change of Registered Agent form for **Valhalla Realty, LLC**. Also enclosed is a check in the amount of \$25.00 to cover the filing fee.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

KYLER KOHLER OSTERMILLER & SORENSEN, LLP

Holly Butterfield, Paralegal

Enclosure

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Valhalla Realty, 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:

Holly Butterfield

Name of Person

Kyler Kohler Ostermiller & Sorensen, LLP

Firm/Company

1883 W. Royal Hunte Drive, Ste 200

Address

Cedar City, UT 84720

City/State and Zip Code

holly@kkoslawyers.com

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

For further information concerning this matter, please call:

Holly Butterfield

at (435)

586-9366

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

**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: Valhalla Realty, 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)

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

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

John Andersen
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
11041 Gulf Reflections Dr #205
Fort Myers, FL 33908

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

Incorp Services, Inc.
NEW Registered Office Address:
17888 67th Court North
Loxahatchee, FL 33470

14 OCT -7 PM 12:35
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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
Brett M. Phillips, Manager

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]
Signature of Registered Agent

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