

L14000082819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 14 2015

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2015

EDWARD MATTHEW BUCKLEY
434 NW 1ST AVENUE #601
FT. LAUDERDALE, FL 33301

SUBJECT: E&B ENDEAVORS, LLC
Ref. Number: L14000082819

We have received your document for E&B ENDEAVORS, 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: 115A00025370

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E&B ENDEAVORS, 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:

EDWARD MATTHEW BUCKLEY
Name of Person

TOP GUN OPTIONS, LLC
Firm/Company

434 NW 1st AVE #601
Address

Fort Lauderdale - FL - 33301
City/State and Zip Code

WHIZ@TOPGUNOPTIONS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD MATTHEW BUCKLEY at (312) 753-8080
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)

N/A
Already paid.
see enclosed.

**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: E&B Endeavors, LLC.
2. (a) 434 NW 1st AVE (b) 8540 VIA ROMANA
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- #601 #2
FORT LAUDERDALE, FL 33301 BOCA RATON, FL 33496
3. 5/22/2014 4. L14000082819
Date of filing/registration in Florida Document number

5. (a) WILLIAM R. COHEN, esq.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1900 CORPORATE BLVD.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUIT 410 WEST TOWER
BOCA RATON, FL 33431

- (b) EDWARD MATTHEW BUCKLEY
Enter name of NEW Registered Agent and/or NEW Registered Office address:

434 NW 1st AVE
NEW Registered Office Address:
#601
FORT LAUDERDALE, FL 33301

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TALLAHASSEE, 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.

Eldiane Santos
Signature of a member or authorized representative of a member

ELDIANE SANTOS
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