

L14000093203

(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



700276493947

09/01/15--01011--003 \*\*25.00

FILED  
2015 SEP - 1 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
SEP - 3 2015



**CAPITOL  
SERVICES**

**Statement of Change of Registered Office  
or Registered Agent or Both for Limited  
Liability Company**

**Capitol Corporate Services, Inc.**  
PO Box 1831  
Austin, TX 78767  
Phone: 800-345-4647 Fax: 800-432-3622  
regagent@capitolservices.com

**Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**DATE:** 8/28/2015  
**STATE:** FLORIDA  
**REP UNIT:** 26351 WOODLYN DRIVE LLC

---

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #26598 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc.  
PO Box 1831  
Austin, TX 78767

---

Capitol Corporate Services, Inc.  
Registered Agent Services



13-43369M

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 26351 WOODLYN DRIVE 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:

Myra Simmons  
Name of Person

Capitol Corporate Services, Inc. (Registered Agent Dept.)  
Firm/Company

800 Brazos Ste 400  
Address

Austin TX 78701  
City/State and Zip Code

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

For further information concerning this matter, please call:

Myra Simmons at ( 800 ) 345-4647  
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: 26351 WOODLYN DRIVE LLC

2. (a) 100 North Tampa Street Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
Suite 1650  
Tampa, FL 33602

(b) 11737 Administration Drive Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
Ste. 100  
St. Louis, MO 63146

3. 6/10/2014 Date of filing/registration in Florida

4. L14000093203 Document number

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

100 North Tampa Street  
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
Ste. 1650  
Tampa, FL 33602

(b) Capitol Corporate Services, Inc.  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

155 Office Plaza Dr Ste A  
NEW Registered Office Address:  
Tallahassee, FL 32301

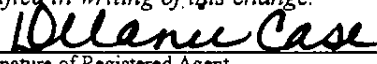
**FILED**  
 2015 SEP - 1 PM 3:40  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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.

 Signature of a member or authorized representative of a member

Joseph E. Cordell 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

Delanie Case, Assistant Secretary on behalf of Capitol Corporate Services, Inc.