

L14 0000 100 300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

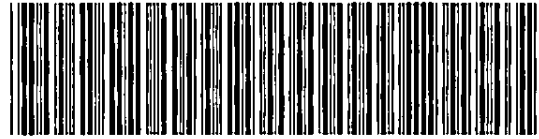
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Borgnine Enterprises 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:

Chissa Manison

Name of Person

Borgnine Enterprises LLC

Firm/Company

2535 NE Letitia St

Address

Jensen Beach Fl 34957

City/State and Zip Code

a.s.manison@gmail.com

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

For further information concerning this matter, please call:

Chissa Manison

Name of Person

at ( 772 ) 260-3611

Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Borgnine Enterprises LLC
2. (a) 2535 NE Letitia St (b) 2535 NE Letitia St

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Jensen Beach  
Fla 34957

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Jensen Beach  
Fla 34957

3. 6-23-2014  
Date of filing/registration in Florida

4. L140000100300  
Document number

5. (a) United States Corporation Agents Inc  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5525 S. Semoran Blvd  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Suite 36  
Orlando, FL 32822

- (b) Alissa Manison

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

2535 NE Letitia St  
**NEW Registered Office Address:**

Jensen Beach, FL 34957

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]  
Signature of a member or authorized representative of a member

Scott Manison AMBS  
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