## 114000111553

(Re	questor's Name)					
(Address)						
(Address)						
(Cit	y/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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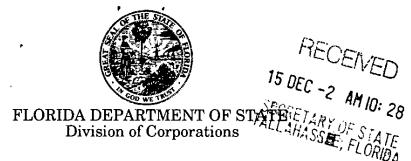
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SECRETARY OF STATE

FILED

DEC 0 2 2015



November 20, 2015

DOUGLAS N BURNETT 104 SEA GROVE MAIN STREET ST. AUGUSTINE, FL 32080

SUBJECT: BURNETT OFFICE PROPERTIES, LLC

Ref. Number: L14000111553

We have received your document for BURNETT OFFICE PROPERTIES, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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 caff (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 515A000245

## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations				
SUBJECT: Burnett Office Properties, LI		- <u></u>		
Nan	ne of Limited	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Off	ice Change an	nd fee(s) are submitted for filing	3.	
Please return all correspondence concerning th	is matter to th	e following:		
Douglas N. Burnett				
Name of Person				
Burnett Office Properties, LLC				
Firm/Company		<u> </u>		
104 Sea Grove Main Street			2815 SEC 3ALL/	
Address			DEC CRETA	
St. Augustine, FL 32080			-2 SSEE.	
City/State and Zip Code		<del></del>	EL SE SI	
dburnett@sjlawgroup.com			<b>第一</b>	
E-mail address: (to be used for future ann	ual report not	ification)	2 0	
For further information concerning this matter,	, please call:			
Douglas N. Burnett	904	495-0400		
Name of Person	\	Area Code & Daytime Tele	phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations 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.

1. N	ame of the limited liability company:	e Proper	ies, LLC				
2. (a)		(b)					
, ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			lailing address ( <u>Note: MAY</u>		_	
	509 Anastasia Blvd.		509 Anas	stasia Blvo	d.		
	St. Augustine, FL 32080		St. Augus	ustine, FL 32080			
	7/15/15	L	.1400011	1553			
3.	Date of filing/registration in Florida	4.	<del></del>	Document i	number		
5. (a)	Douglas N. Burnett						
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:				
	509 Anastasia Blvd.						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)					
					1 1 CO	<u>.</u>	•
	St. Augustine, FL , FI	32080			ECRE	2815 DEC	TI.
(b)	Douglas N. Burnett				RETARY OF STA AHASSEE, FLOR	€ -2	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:						
	104 Sea Grove Main St				OR HE	ž.	
	NEW Registered Office Address:				3>	J	. '
-	St. Augustine	32080					
	", Fl						
the cha agent v was/w	imited liability company is not organized under the latinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	f the regist iability cor of the limi	ered office npany, it is ted liability	and the bus hereby con company c	siness of	fice of hat the	the registered change(s)
		Dou	glas N. Bı				
_	sture of a member or authorized representative of a member			Printed or typ		-	
provis. the obt to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act e performa ed for in C hereby co	n this capa nce of my a hapter 605, nfirm that t	city. I furth luties, and I F.S. Or, if he limited I	her agree am fami this doc iability c	e to con iliar wi rument rompan	nply with the th and accept is being filed y has been
Signatu	ire o' Registered Agent						