

L1400011553

(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 02 2015
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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15 DEC -2 AM 10: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 515A00024356

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Burnett Office Properties, 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:

Douglas N. Burnett

Name of Person

Burnett Office Properties, LLC

Firm/Company

104 Sea Grove Main Street

Address

St. Augustine, FL 32080

City/State and Zip Code

dburnett@sjlawgroup.com

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

For further information concerning this matter, please call:

Douglas N. Burnett

904 495-0400
at ()

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

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TALLAHASSEE, FLORIDA

**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: Burnett Office Properties, 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**)

509 Anastasia Blvd.

509 Anastasia Blvd.

St. Augustine, FL 32080

St. Augustine, FL 32080

7/15/15

L14000111553

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

5. (a) Douglas N. Burnett

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)

St. Augustine, FL, FL 32080

(b) Douglas N. Burnett

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

104 Sea Grove Main St.

NEW Registered Office Address:

St. Augustine, FL 32080

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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.

Douglas N. Burnett

Signature of a member or authorized representative of a member

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

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

FILING FEE: \$25.00