

L14000112901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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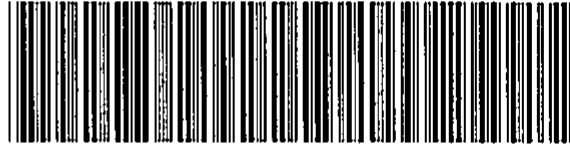
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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2017 AUG 14 AM 10:32  
TALLAHASSEE, FLORIDA

AUG 15 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OLD CITY ELECTRIC 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:

JB ROTH

\_\_\_\_\_  
Name of Person

ROTH LAW FIRM PL

\_\_\_\_\_  
Firm/Company

6100 GREENLAND RD., SUITE 604

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32258

\_\_\_\_\_  
City/State and Zip Code

JB@ROTHLAWFIRM.NET

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

For further information concerning this matter, please call:

JB ROTH

\_\_\_\_\_  
Name of Person

at ( 904 ) 595-7900

\_\_\_\_\_  
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: OLD CITY ELECTRIC LLC

2. (a) 3500 LONE WOLF TRAIL (b) 3500 LONE WOLF TRAIL

Principal office address of limited liability company:

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

ST. AUGUSTINE, FL 32086

Mailing address of limited liability company:

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

ST. AUGUSTINE, FL 32086

07/17/2014

L14000112901

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

5. (a) ROTH LAW FIRM PL

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

234 CANAL BLVD

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

SUITE 2

PONTE VEDRA BEACH, FL 32082

(b) ROTH LAW FIRM PL

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

6100 GREENLAND ROAD

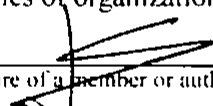
**NEW** Registered Office Address:

SUITE 604

JACKSONVILLE, FL 32258

FILE  
2017 AUG 14 AM 10:32  
STATE OF FLORIDA  
TALLAHASSEE

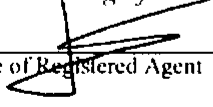
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

JEAN B ROTH, AUTH. REPRESENTATIVE

Printed or typed name of signer

*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**