

L1400019031

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(Address)

(City/State/Zip/Phone #)

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TALAMON, LEO

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SEP 15 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GINNY BERTALAN OKAIN
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:

DARRELL A O'KAIN

Name of Person

GINNY BERTALAN OKAIN

Firm/Company

5625 SW 88TH PL

Address

OCALA FL 3476-4017

City/State and Zip Code

dokain@gmail.com

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

For further information concerning this matter, please call:

DARRELL A OKAIN

Name of Person

at (352) 207-7084

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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17 SEP 14 PM 1:26
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: GINNY BERTALAN OKAINI

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)

5625 SW 88TH PL
OCALA, FL 34476-4017

5625 SW 88TH PL
OCALA, FL 34476

3. 07/29/2014 4. L14000119031
Date of filing/registration in Florida Document number

5. (a) UNITED STATES CORPORATION AGENTS INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

13302 WINDING OAKS COURT SUITE A
TAMPA, FL 33612

(b) DARRELL OKAIN
Enter name of NEW Registered Agent and/or NEW Registered Office address.

5625
NEW Registered Office Address:
5625 SW 88TH PL
OCALA, FL 34476

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SEP 14 PM 1:24
TALLAHASSEE, FL

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.

Darrell Okain 9/10/17
Signature of a member or authorized representative of a member

DARRELL A OKAIN VICE-PRES
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.

Darrell Okain 9/10/17
Signature of Registered Agent