

L14 000 155375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

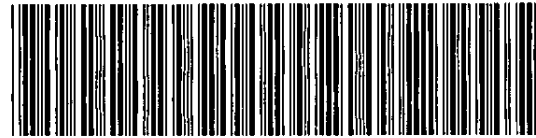
(Business Entity Name)

(Document Number)

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2016 AUG -9 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

AUG 10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2016

THE SHELLEY LAW FIRM, LLC
MICHAEL SHELLEY
500 S. POINTE DR, STE. 140
MIAMI BEACH, FL 33139

SUBJECT: THE SHELLEY LAW FIRM LLC
Ref. Number: L14000155375

We have received your document for THE SHELLEY LAW FIRM LLC and your check(s) totaling \$490.00. 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.

Karen A Saly
Regulatory Specialist II

Letter Number: 816A00014856

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE SHELLEY LAW FIRM, 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:

MICHAEL SHELLEY

Name of Person

THE SHELLEY LAW FIRM, LLC

Firm/Company

500 SOUTH POINTE DR. SUITE 140

Address

MIAMI BEACH FL 33140

City/State and Zip Code

michael@shelleylawfirm.com

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

For further information concerning this matter, please call:

MICHAEL SHELLEY

Name of Person

at (305) 798 5522

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 — *prev. paid \$35.*

☐ \$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: THE SHELLEY LAW FIRM, LLC
2. (a) 500 S. POINTE DR.
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
SUITE 140
MIAMI BEACH FL 33140
- (b) 500 S. POINTE DR.
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
SUITE 1400
MIAMI BEACH FL 33140
3. 10/06/2014
Date of filing/registration in Florida
4. L14000155375
Document number
5. (a) MICHAEL SHELLEY
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
10 VENETIAN WAY #2306
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
MIAMI BEACH FL 33139
FL
- (b) MICHAEL SHELLEY
Enter name of NEW Registered Agent and/or NEW Registered Office address:
500 S. POINTE DR.
NEW Registered Office Address:
SUITE 140
MIAMI BEACH FL 33139

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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.

C
Signature of a member or authorized representative of a member

MICHAEL SHELLEY
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