

L14000168354

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 31 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: One Call Catering 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:

Clara L Halvorson
Name of Person

One Call Catering
Firm/Company

11512 Clumbet Ln
Address

Lehigh Acres, FL 33971
City/State and Zip Code

catering@one-call-catering.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Clara L Halvorson at (239) 560-8096
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

**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: One Call Catering LLC

2. (a) 924 SE 20th Place (b) 924 SE 20th Place
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
Cape Coral FL 33990 Cape Coral FL 33990

3. October 29, 2014 4. L14000168354
Date of filing/registration in Florida Document number

5. (a) John T Johns
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

924 SE 20th place
Cape Coral, FL 33990

(b) Clara L Halverson
Enter name of NEW Registered Agent and/or NEW Registered Office address:

11512 Clumbet Ln
Lehigh Acres
NEW Registered Office Address:
_____, FL 33971

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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.

Clara L Halverson
Signature of a member or authorized representative of a member

Clara L Halverson
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.

Clara L Halverson
Signature of Registered Agent