

L14000178/28

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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OCT 11 PM 4:37

DIVISION OF CORPORATIONS

O SIMMONS
OCT 11 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2017

DWAYNE PKANTEY
1175 NE MIAMI GARDENS DRIVE
UNIT 305E
MIAMI, FL 33179

SUBJECT: MR. OK. & ASSOCIATES, LLC
Ref. Number: L14000178128

We have received your document for MR. OK. & ASSOCIATES, 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY CO. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 617A00018634

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mr. OK. & Associates, 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:

Dwayne Shawn Okantey

Name of Person

Mr. OK. & Associates LLC

Firm/Company

1175 NE Miami Gardens Drive, Unit 305 E

Address

Miami, FL 33179

City/State and Zip Code

di_okantey11@yahoo.com

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

For further information concerning this matter, please call:

Dwayne Okantey

786

424-6496

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

**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.

Mr OK. & Associates, LLC

1. Name of the limited liability company: Mr OK. & Associates, LLC (b) Mr. OK. & Associates, LLC

2. (a) Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*

1175 NE Miami Gardens drive, unit 305 E

Miami, FL 33179

Mailing address of limited liability company:

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

1175 NE Miami Gardens Drive, unit 305 E

Miami, FL 33179

11/17/14

L14000178128

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

United States Corporation Agent, INC

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
United States Corporation Agent, INC

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

13302 Winding Oaks Court

Tampa, FL 33612

(b) Gregory B Walker II

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

Gregory B Walker II

NEW Registered Office Address:

5440 nw 49th ave

Coconut Creek, FL 33073

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17 OCT 11 PM 4:38
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
2017 OCT 11 PM 1:58
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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.

Dwayne S Okantey

Signature of a member or authorized representative of a member

Dwayne Shawn Okantey

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]

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00