L15000000810

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



500330485425

05/13/19--01801--008 **80.00

19 JUN 12 GM W 36 FILED

19 JUN 12 AH 8: 23

SECRETARY OF STATE
FALLAHOSSE FLORINA

O SIMMONS

JUN 1 3 2019

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

·	
FLAGSHIP MANOR LLC	
	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
	UCC 11 Search
Name Date Tin	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Flagship Manne of Li	mited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:			
David Town Send	LESq.		
Townsend & BROW	nnon		
608 W. Horatio	Str.		
Tampa Florida CityState and Zip Code	<u>33</u> 606		
E-mail address: (to be used for future annual repo	empabay.rr.Com		
For further information concerning this matter, please call:			
David Townsend	813) <i>254-008</i> 8		
Name of Person	Arca 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		

INHS18 (2/14)

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: Flags	hip Manor LLC
2. (a) 4612 N. 56th -18	1110 1 01151
Principal office address of limited liability company:	(b) 76/2 N. 3629 SHR Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
lampa, FL 33610	Tampa FL 33/6//
	7,
12/30/2014	L15000000810
3. Date of filing/registration in Florida	4. Document number
5. (a) John Sherhan	
Registered Agent and Registered Office shown on the records of the	he Florida Dept. of State:
4612 N. 56# St	rest
Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)
Tampa	336/()
N / 1 -	
(b) David H. Jownsend	Esa. Fig 5
Enter name of NEW Registered Agent and/or NEW Registered	Office notifices:
1008 W. Horatio St	
NEW Registered Office Address:	mo 2 m
	그 글 □ □
Tam 10	33606 . 5 2
FL_	*
If the limited liability company is not organized under the law	s of the State of Florida, it is hereby confirmed that after
agent will be identical. Or in the case of a Florida limited that	the registered office and the business office of the registered
was/were authorized by an affirmative vote of the members of the articles of organization or the appearing agreement of the	the limited liability company or as otherwise provided in
the articles of organization or the apporating agreement of the l	inned tisolity company.
Signature of a member or authorized representative of a member	- William C trasch
	Printed or typed name of signee
provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided	berformance of my diles, and I am familiar with and accept
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete to the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I have notified in writing of this change.	ereby confirm that the limited liability company has been
= 7 act a Set Machael	
Signature of Registered Agent	