

415000102383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 NOV 24 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 1, 2015

ROBERT M. KIRILLOFF
KIRILLOFF, PA
5345 ORTERGA BLVD, SUITE 16
JACKSONVILLE, FL 32210

SUBJECT: THE GOLDENROD GROUP LLC
Ref. Number: L15000002383

We have received your document for THE GOLDENROD GROUP 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):

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 415A00020754

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE GOLDENROD GROUP 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:

ROBERT M. KIRILLOFF
Name of Person

KIRILLOFF, PA.
Firm/Company

5345 ORTEGA BOULEVARD, SUITE 16
Address

JACKSONVILLE, FLORIDA 32210
City/State and Zip Code

RKIRILLOFF@KIRILLOFFPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT KIRILLOFF at (904) 329-2718
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

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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: THE GOLDENROD GROUP LLC
2. (a) 3011 GEORGE MASON AVENUE (b) 14717 NORTHWEST 193RD STREET
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
- APARTMENT D
WINTER PARK, FLORIDA 32792 ALACHUA, FLORIDA 32615
3. JANUARY 06 2015 4. L15000002383
Date of filing/registration in Florida Document number
5. (a) CORPORATION SERVICE COMPANY
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1201 HAYS STREET
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
TALLAHASSEE, FL 32301
- (b) KIRILLOFF, P.A.
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
5345 ORTEGA BOULEVARD
NEW Registered Office Address:
SUITE 16
JACKSONVILLE, FL 32210

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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.

[Signature]
Signature of a member or authorized representative of a member

MICHAEL L. BYRD
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]
Signature of Registered Agent

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