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TREASURY
JAN 20 2016
S. YOUNG

MARK R. FORTUNATO
ATTORNEY AND COUNSELOR AT LAW

3296 STONES THROW AVE.
POLAND, OHIO 44514

PHONE 330.757.7171
FAX 330.757.4234

January 13, 2016

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Psalm 127

Sir/Madam:

Please find enclosed the following:

1. Cover letter regarding Psalm, 127.
2. Statement of change of Registered Agent
3. Filing fee of \$25.00

Please contact the undersigned with any questions or if you need further information.

Sincerely,


Mark Fortunato

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REGISTRY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PSALM 127,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 S. SENCHAK

Name of Person

Firm/Company

15025 SPINNAKER COVE DRIVE

Address

WINTER GARDEN , FLORIDA 34787

City/State and Zip Code

senchak@firstlighthomecare.com

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

For further information concerning this matter, please call:

MICHAEL S. SENCHAK

at (330)

318 3234

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: PSALM, 127, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

15205 SPINNAKER COVE DR

WINTER GARDEN, FLORIDA 34787

Mailing address of limited liability company:

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

15205 SPINNAKER COVE DROVE

WINTER GARDEN, FLORIDA 34787

01/12/2015

L15000011529

3. Date of filing/registration in Florida

4.

Document number

5. (a) DAVID M. STEWART

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

131 E PARK SHORE CIRCLE UNIT 16E

VERO BEACH, FL 32963

(b) MICHAEL S. SENCHAK

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

NEW Registered Office Address:

15205 SPINNAKER COVE DRIVE

WINTER GARDEN, FLA, FL 34787

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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.

MICHAEL S. SENCHAK

Michael S. Senchak
Signature of a member or authorized representative of a member

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.

Michael S. Senchak
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00