

L15000035047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

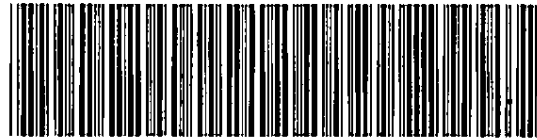
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

12/14/20

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Reeson Enterprises, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Wade Andree

\_\_\_\_\_  
Name of Person

Reeson Enterprises, LLC

\_\_\_\_\_  
Firm/Company

101 Marketside Ave, STE 404-374

\_\_\_\_\_  
Address

Ponte Vedra, FL 32081

\_\_\_\_\_  
City/State and Zip Code

wgandree@reesonhomes.com

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

For further information concerning this matter, please call:

Wade Andree 386 453-6756

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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.*

Reeson Enterprises, LLC

1. Name of the limited liability company: <u>Reeson Enterprises, LLC</u>	
101 Marketside Ave	101 Marketside Ave, STE 404-374
2. (a) <u>Principal office address of limited liability company:</u> <b>(Note: MUST BE STREET ADDRESS)</b> STE 404-374 Ponte Vedra, FL 32081	(b) <u>Mailing address of limited liability company:</u> <b>(Note: MAY BE POST OFFICE BOX)</b> STE 404-374 Ponte Vedra, FL 32081
02/25/2015	L15000035047
3. <u>Date of filing/registration in Florida</u> Wade Andree	4. <u>Document number</u>
5. (a) <u>Registered Agent and Registered Office shown on the records of the Florida Dept. of State:</u> 95079 Oriole Street <u>Registered Office Address</u> <b>(MUST BE FLORIDA STREET ADDRESS)</b> Fernandina Beach 32034 FL Wade Andree	
(b) <u>Enter name of NEW Registered Agent and/or NEW Registered Office address:</u> 101 Marketside Ave <u>NEW Registered Office Address:</u> STE 404-374 Ponte Vedra 32081 FL	

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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.

Wade Andree  
Signature of a member or authorized representative of a member

Wade Andree  
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.*

Wade Andree  
Signature of Registered Agent