

(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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JAN 25 2016 S. YOUNG



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 7, 2015

VALERIE PAYTON 2378 BENTWATER DRIVE WEST JACKSONVILLE, FL 32246

SUBJECT: FIRST COAST MATCHMAKERS LLC

Ref. Number: L15000051995

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AN 22 PM 3: 12

We have received your document for FIRST COAST MATCHMAKERS LLC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

Shelia H Young Regulatory Specialist II

Letter Number: 015A00025557

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FIRST COAST MATCHMAKERS 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:
Valerie Payton Name of Person
First coast Matchmakers Firm/Company
Address Drive West
Tacksonville, FL. 32246 City/State and Zip Code
PAYTON VOI DE GOM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Valepie Payton at (904) 864 8828  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother 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
* 1 previously sent a \$35 dollar check which has
* I previously sent a \$35 dollar check which has been dedysted from my account dready.

## 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. Na	me of the limited liability company: First cod	ast n	natch makers
	13810 Sntton Park DF # 574  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Jacksynville Fl 32224	<del>.</del> -	Jacksonville, FL. 32224
	3/23/2015	. <u>.</u>	L15000051995
3. 5. (a)	Date of filing/registration in Florida  Valere Payton  Registered Agent and Registered Office shown on the records of the state of the	4. he Florida D	Document number  Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A  13810 Sutton Park Drive #524		
(b)	Enter name of NEW Registered Agent and/or NEW Registered (  2378 Bentwater Drive W  NEW Registered Office Address:	Office addr	· 22 · 24
		322	46
signat  I hereb provisit the oblit to mere notified	mited liability company is not organized under the law nage or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have a free free free free free free free f	the register bility comf the limited lia	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.  Printed or typed name of signee  This capacity. I further agree to comply with the

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