

L15000081536

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

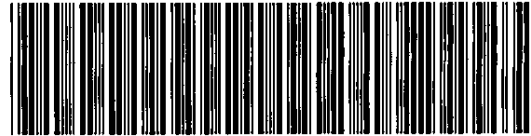
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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TALLAHASSEE, FLORIDA

D. SCOTT

MAY 10 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 24, 2017

JOHN W ROBERTS, ESQ.  
12273 US HWY 98 W, SUITE 204  
MIRAMAR BEACH, FL 32550

SUBJECT: AFAB BUILDERS LLC  
Ref. Number: L15000081536

We have received your document for AFAB BUILDERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 017A00007869

RECEIVED  
2017 MAY -8 PM 12:00  
TALLAHASSEE, FLORIDA

FILED  
27 MAY -8 PM 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AFAB BUILDERS 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:

John W. Roberts, Esq.

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

Law Offices of John W. Roberts, PLLC.

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

12273 US Highway 98 West, Suite 204

\_\_\_\_\_  
Address

Miramar Beach, Florida, 32550

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

john@johnwrobertslaw.com

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

For further information concerning this matter, please call:

John W. Roberts, Esq.

at ( 850 )

250-0887

\_\_\_\_\_  
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

FILED  
MAY - 8 PM 3:46  
SECRETARY OF STATE  
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: AFAB Builders LLC

2. (a) 471 Goodwin Creek Road

Principal office address of limited liability company:

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

Freeport, Florida, 32439

(b) PO Box 247

Mailing address of limited liability company:

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

Freeport, Florida, 32439

05/07/2015

3. Date of filing/registration in Florida

L15000081536

4. Document number

5. (a) Superbiz Registered Agent, Inc.

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2761 Vista Parkway, Suite E4

West Palm Beach, FL 33411

(b) Law Offices of John W. Roberts, PLLC

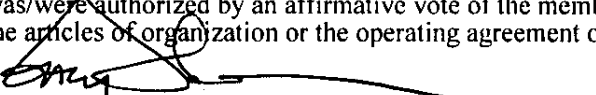
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Office Address:

12273 US Highway 98 West, Suite 204

Miramar Beach, FL 32250

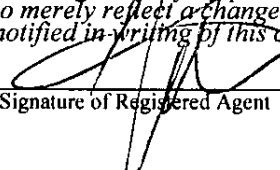
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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 of a member or authorized representative of a member

Gary Mason (AMBR)

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.*

  
Signature of Registered Agent

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

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TALLAHASSEE, FL  
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