

L15C000089323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

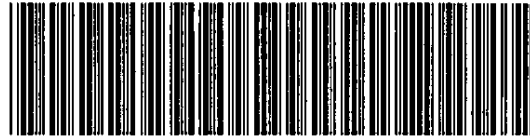
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2016 SEP -6 P 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

SEP 08 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2016

MARCO MACHADO
10337 FAIRCHILD RD
SPRING HILL, FL 34608

SUBJECT: FL CHOICE HOMES 4 U, LLC
Ref. Number: L15000089323

We have received your document for FL CHOICE HOMES 4 U, 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):

The form you submitted is for a CORPORATIONS - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 516A00018026

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FL CHOICE HOMES 4 U, 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:

Ana Fernandes

Name of Person

FL CHOICE HOMES 4 U, LLC

Firm/Company

10337 Fairchild Rd

Address

Spring Hill, FL 34608

City/State and Zip Code

contact@flchoicehomes4u.com

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

For further information concerning this matter, please call:

Ana Fernandes

Name of Person

973

at ()

715-1594

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

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: FL CHOICE HOMES 4 U, LLC

2. (a) 10337 Fairchild Rd (b) 10337 Fairchild Rd

Principal office address of limited liability company:

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

Spring Hill, FL 34608

Mailing address of limited liability company:

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

Spring Hill, FL 34608

05/20/2015

3. Date of filing/registration in Florida

L15000089323

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

CORPORATION SERVICE COMPANY

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

1201 HAYS STREET

TALLAHASSEE, FL 32301

(b) Marco Machado

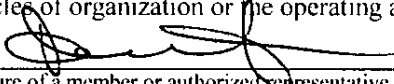
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

10337 Fairchild RD

Spring Hill, FL 34608

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

Ana Fernandes

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

FILED
2015 MAY -6 P 1:39
TALLAHASSEE, FLORIDA
SECRETARY OF STATE