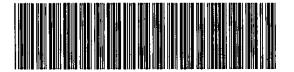
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K.SALY EXAMINER MAY - 6



April 21, 2016

DOUBLE LEGACY, LLC. FRANCIS N HAWLEY 1110 BRICKELL AVE, STE. 506 MIAMI, FL 33131

SUBJECT: DOUBLE LEGACY, LLC.

Ref. Number: L15000103097

We have received your document for DOUBLE LEGACY, 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 document submitted is incomplete.

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.

Letter Number: 616A00008328

Karen A Saly Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Double Legacy LIC Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted	l for filing.				
Please return all correspondence concerning this matter to the following:					
Froncis N. Hawley Name of Person					
Double Legacy LIC Firm/Company					
1110 Brckell Au Suite 506 Address					
Miami flonda 33131 City/State and Zip Code					
francishawley ognail. wm E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Francis N. Hawley at (786) 39514  Name of Person Area Code & Day	14 rtime 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 Corporation P.O. Box 6327 Tallahassee, Florida 32301	ns				
Enclosed is a check for the following amount:					
□ \$25 Filing Fee  □ \$55 Filing Fee & Cert	ified Copy				

INHS18 (2/14)

## 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:	Double	legac	υ, L	LC.	
2. (a)	Principal office address of limited lia	• •	(b) Fran	Mailing a	nawey e gr ddress of limited liablidy o MAY BE POST OFFICE	ompany:
	Mami, Florida	33130				
3.	06 12 2015  Date of filing/registration in		4.		03097 nent number	
5. (a)	Francis N. Haw Registered Agent and Registered Office show 40 SW 13+h 54.	vn on the records of the	<u> </u>			
(b)	Miami, Francis N. Ha Enter name of NEW Registered Agent and/o	wley	33130		2016 HAY -3 PH SECRETARY OF FALLAHASSEE-	FILE
	40 Sw 13 +h NEW Registered Office Address:	54 Sout	e 203	<u>.                                    </u>	OF STATE EE. FLORIDA	
	Miami	, FL	33130	<u>)                                    </u>		
the charagent was/we the artic	mited liability company is not organizing or changes are made, the Florida will be identical. Or, in the case of a Fre authorized by an affirmative vote coles of organization or the operating a	street address of the Florida limited liabil of the members of the agreement of the lim	e registered off lity company, in the limited liability controlling	ice and the is hereby lity compa	e business office of the confirmed that the ch	e registered lange(s)
I hereb provision the oblit to mere	ure of a member or authorized representative by accept the appointment as registere ons of all statutes relative to the properties of my position as registered of the properties of my position as registered of the registered of the properties of the properties.	ed agent and agree :	to act in this co	inacity I	further goree to comp	ly with the and accept being filed has been

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