

215000114137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

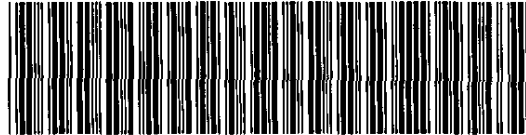
(Document Number)

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2016 SEP -6 AM 8:11
TALLAHASSEE, FLORIDA

2016 SEP 22 A 6:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

SEP 23 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2016

VICTOR GILPIN
1704 HAWKCREST DR
SAINT JOHNS, FL 32259

SUBJECT: COVIC PROPERTIES, LLC
Ref. Number: L15000114137

We have received your document for COVIC PROPERTIES, 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 CORPORATION - 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: 316A00019201

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COVIC PROPERTIES, 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:

VICTOR GILPIN

Name of Person

COVIC PROPERTIES, LLC

Firm/Company

1704 HAWKCREST DR,

Address

SAINT JOHNS, FL 32259

City/State and Zip Code

VICTOR GILPIN@YAHOO.COM

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

For further information concerning this matter, please call:

VICTOR GILPIN

Name of Person

at (904) 699-5361

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: CONIC PROPERTIES, LLC

2. (a) 1704 HAWKCREST DR (b) 1704 HAWKCREST DR
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

SAINT JOHNS, FL 32259 SAINT JOHNS, FL 32259

3. 7/1/2015 4. L15000114137
Date of filing/registration in Florida Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 WINDING OAK COURT A
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33612

(b) VICTOR GILPIN
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1704 HAWKCREST DR
NEW Registered Office Address:

SAINT JOHNS, FL 32259

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.

Boby...
Signature of a member or authorized representative of a member

PETSY L. GILPIN
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.

[Signature]
Signature of Registered Agent

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2015 SEP 22 A 6:14
CLERK OF STATE
TALLAHASSEE FLORIDA