

L15000116670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

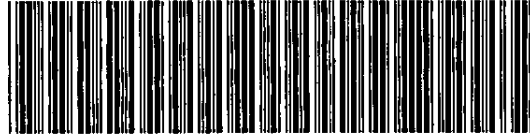
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*Tax liability of
correcting Current R/A
info. *[Signature]*

Office Use Only



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02/22/16--01009--018 . **35.00

FILED
2016 MAR -4 AM 10:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

[Handwritten signature]
3/9



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2016

SSRM
524 CARNATION DRIVE
WINTER PARK, FL 32792

SUBJECT: SSRM VALENCIA, LLC
Ref. Number: L15000116670

We have received your document for SSRM VALENCIA, 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, but your entity is a limited liability company. 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.

Michelle Milligan
Senior Section Administrator

Letter Number: 816A00003772

RECEIVED
2016 MAR -4 PM 3:29
CORPORATION
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SSRm Valencia, 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:

Denise Cloe
Name of Person

SSRm
Firm/Company

524 Carnation Drive
Address

Winter Park, FL 32792
City/State and Zip Code

dcloe@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Cloe at (407) 951-8079
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

**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: SSRM Valencia LLC

2. (a) 524 Carnation Drive (b) _____

Principal office address of limited liability company:

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

Mailing address of limited liability company:

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

winter Park, FL 32792

7/7/15

3. Date of filing/registration in Florida

415000116670

4. Document number

5. (a) ~~Separation Service Company~~ Rachel Garrett
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4201 Hays Street 524 Carnation Dr.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Winter Park, FL 32792

Tallahassee, FL 32301

(b) Denise Clue

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

524 Carnation Drive

NEW Registered Office Address:

Winter Park, FL 32792

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.

OT & Co
Signature of a member or authorized representative of a member

Timothy Clue
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.

Denise Clue
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00