

LIS 000 117056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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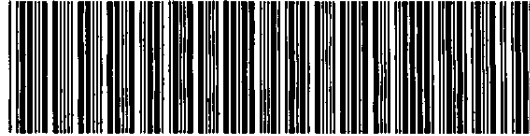
(Business Entity Name)

(Document Number)

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16 MAY 25 AM 7:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Family Tree of the Palm Beaches, 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:

Teresa Bown

Name of Person

Family Tree of the Palm Beaches, LLC

Firm/Company

13659 12th Place North

Address

Coahatchee Groves, FL 33470

City/State and Zip Code

teresa.bown@gmail.com

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

For further information concerning this matter, please call:

Teresa Bown

Name of Person

at (561) 635-5833

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: Family Tree of the Palm Beaches LLC
2. (a) 13059 12th Place North
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Loxahatchee Groves
FL. 33470
- (b) 13059 12th Place North
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Loxahatchee Groves
FL. 33470

3. 7-7-2015 Date of filing/registration in Florida
4. L15600117056 Document number

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

13059 12th Place North
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Loxahatchee Groves
FL. 33470

- (b) Timothy A. Bown
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

_____, FL _____

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.

Teresa Bown

Signature of a member or authorized representative of a member

Teresa Bown

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.

X [Signature]
Signature of Registered Agent