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BLALOCK WALTERS
Division of Corporations

Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.
Account Number : 076666003611
Phone : (941)748-0100
Fax Number : (941)745-2093

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: epennington@blalockwalters-

LLC REGISTERED AGENT CHANGE
SINCLAIR DAYCARE, LLC

Certificate of Status	0
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SINCLAIR DAYCARE, 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:

Matthew J. Lapointe
Name of Person

Blalock Walters, P.A.
Firm/Company

802 11th Street West
Address

Bradenton, Florida 34205
City/State and Zip Code

epennington@blalockwalters.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew J. Lapointe at (941) 748-0100
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: SINCLAIR DAYCARE, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

374 Scott Avenue
Sarasota, FL 34243

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

374 Scott Avenue
Sarasota, FL 34243

3. July 24, 2015 Date of filing/registration in Florida

4. L15000127128 Document number

5. (a) Koontz, Jo Ann M
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1819 Main Street, Suite 910
Sarasota, FL 34236

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

Blalock Walters, P.A.
NEW Registered Office Address:
802 11th Street West
Bradenton, FL 34205

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TALLAHASSEE, FLORIDA

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.

Matthew J. Lapointe
Signature of a member or authorized representative of a member

Matthew J. Lapointe
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.

By: Matthew J. Lapointe, Principal
Signature of Registered Agent Matthew J. Lapointe, Principal