

15000155004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

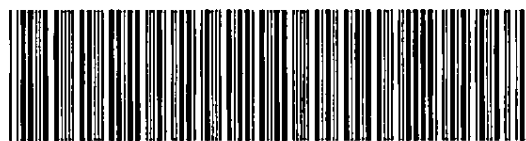
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 OCT -1 PM 3:06
FBI - BOSTON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2018

PHYLIS EVELYN
PO BOX 157
NEW SMYRNA BEACH, FL 32170

SUBJECT: NORDIC GODDESS HOMES, LLC
Ref. Number: L15000155004

We have received your document for NORDIC GODDESS HOMES, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 218A00019830

*Donny thought it
filed electronically.*

2018 OCT -1 AM 10:49

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORDIC GODDESS HOMES, 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:

Phylis Evelyn
Name of Person

Nordic Goddess Homes, LLC
Firm/Company

P. O. Box 157
Address

New Smyrna Beach, FL, 32170
City/State and Zip Code

revev98@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phyllis Evelyn at (386) 213 - 2792
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: Nordic Goddess Homes, LLC

2. (a) 1933 Bayview Dr (b) P. O. Box 157

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

New Smyrna Beach

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

New Smyrna Beach, FL 32170

01/16/2017 & 2018

L 15000155004

3. Date of filing/registration in Florida

4. Document number

5. (a) Phyllis Evelyn

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1933 Bayview Drive

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

New Smyrna Beach, FL 32168

(b) [no change in agent]...[see new office address below]

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

2513 Orange Tree Drive

NEW Registered Office Address:

Edgewater, FL 32141

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.

Phyllis Evelyn
Signature of member or authorized representative of a member

Phyllis Evelyn

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.

Signature of Registered Agent

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

FILING FEE: \$25.00