

L15000160860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

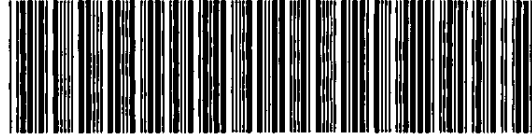
(Document Number)

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TALLAHASSEE, FLORIDA

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S Warren

SEP 29 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2016

BONNIE SUE REGNER
10440 KIRBY SMITH RD
ORLANDO, FL 32832

SUBJECT: THE REGNER-TURNER PROJECT LLC
Ref. Number: L15000160860

We have received your document for THE REGNER-TURNER PROJECT 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: 916A00018759

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Regner-Turner Project 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:

Bonnie Sue Regner
Name of Person

The Regner-Turner Project LLC
Firm/Company

10440 Kirby Smith Rd
Address

Orlando FL 32832
City/State and Zip Code

Bonnie Sue 96246400.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bonnie Sue Regner at () 407-222-8382
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: The Regner-Turner Project LLC

2. (a) 10440 Kirby Smith Rd Orlando (b) _____

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

32832

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

8/20/16

3. Date of filing/registration in Florida

L15000160860

4. Document number

5. (a) Legal Inc (C/O) Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5237 Sumnerlin Corners St 400

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

fl nyas 33907

_____, FL _____

(b) Bonnie Sue Regner

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

10440 Kirby Smith Rd

NEW Registered Office Address:

Orlando fl 32832

_____, 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.

Bonnie Sue Regner

Signature of a member or authorized representative of a member

Bonnie Sue Regner

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.

Ba 82

Signature of Registered Agent

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TALLAHASSEE, FLORIDA