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TALLAHASSEE, FLORIDA

OCT 25 2019
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

Classic Storage of North Florida, LLC

SUBJECT: _____
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:

Sidney K Hobbs

Name of Person

Classic Storage of North Florida, LLC

Firm/Company

5830 US 1 South

Address

St. Augustine, FL 32086

City/State and Zip Code

classicstorage7@aol.com

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

For further information concerning this matter, please call:

Sidney K Hobbs

904

806-4625

at (_____) _____

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

LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability submits the following statement in order to change its registered office or registered agent, or both, in the Florida.

Classic Storage of North Florida, LLC

1. Name of the limited liability company: 5830 US 1 South 821 S Griffin Shores Drive

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) St Augustine FL 32084
(b) Mailing address of limited liability com (Note: MAY BE POST OFFICE B) St Augustine FL 32080

10/15/2015

L15000175718

3. Date of filing/registration in Florida Donald W Wallis 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 780 North Ponce De Leon Blvd

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

St Augustine 32084
, FL

Sidney K Hobbs

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

821 S Griffin Shores Drive

NEW Registered Office Address:

St Augustine 32080
, FL

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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 at 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 was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provide the articles of organization or the operating agreement of the limited liability company.

Sidney K Hobbs
Signature of a member of authorized representative of a member

Sidney K Hobbs
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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being 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.

Sidney K Hobbs
Signature of Registered Agent