

L15000178173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

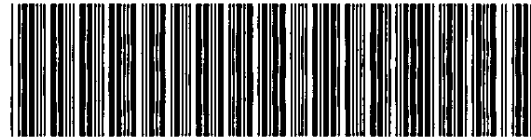
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000290293450

10/04/16--01017--001 **25.00

FILED
16 OCT -4 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

OCT 06 2016

Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I enclose Duplicates of the Statement of Change of Registered Office or Registered Agent or Both For Limited liability Company for **F1rst Principles Software, LLC**, a domestic LLC.

Please file the attached Statement and return Proof of Filing to the below address.

Payment for the required fees is enclosed (\$25.00 to Department of State).

If you have any questions or concerns, do not hesitate to contact me.

Sincerely,

The Client Services Team
187 E. Warm Springs Road, Suite B
Las Vegas, NV 89119
Phone: 702-362-2677
Fax: 702-825-2581

FILED
16 OCT -4 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: F1rst Principles Software, 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:

Ed Tsuji

Name of Person

MyNewCompany.com, Inc.

Firm/Company

187 E. Warm Springs Road, Suite B

Address

Las Vegas, NV 89119

City/State and Zip Code

kpennywitt@gmail.com

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

For further information concerning this matter, please call:

Ed Tsuji

at (702) 362-2677

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

FILED
16 OCT -4 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: F1rst Principles Software, LLC

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

504 Orange Lawn Drive

Valrico, FL 33594

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

504 Orange Lawn Drive

Valrico, FL 33594

10/20/2015

L15000178173

3. Date of filing/registration in Florida

4. Document number

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

InCorp Services, Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

17888 67th Court North

Loxahatchee, FL 33470

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

Kirk Pennywitt

NEW Registered Office Address:

504 Orange Lawn Drive

Valrico, FL 33594

FILED
16 OCT -4 PM 1:36
SECRETARY OF STATE
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.

Kirk Pennywitt
Signature of a member or authorized representative of a member

Kirk Pennywitt

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.

Kirk Pennywitt
Signature of Registered Agent