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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Clirabeth Ann Yluben, UC 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:	
Elizabeth Ann Huben Name of Person	
<u>Clirabeth Ann Huben, LLC</u> Firm/Company	
4615 Anlips Manor Peace	
Fernandina Beach, # 32034 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Clizabeth Ann Yuben at (904) 624-4981  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	

INHS18 (2/14)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 27, 2016

ELIZABETH ANN HUBEN, LLC 4615 PHILIPS MANOR PLACE FERNANDINA BEACH, FL 32034

SUBJECT: ELIZABETH ANN HUBEN, LLC

Ref. Number: L15000184063

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We have received your document for ELIZABETH ANN HUBEN, 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, but your entity is a 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 116A00015792

Dear hand from the form the fo

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

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 Name of the limited liability company: Principal office address of limited liability company: Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) -15000 18 406 3 3. Date of filing/registration in Florida Registered Office Address **NEW** Registered Office Address: Fernandina 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 afficles of organization or the operating agreement of the limited liability company. Signature of a member dr/authorized to presentative of a member 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.

> Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00