## L15000 188697

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Вс	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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D. SCOTT SEP 3 0 2016



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 24, 2016

NICHOLE THOMSON 4160 NW 1ST AVE SUITE 16 BOCA RATON, FL 33431

SUBJECT: THE FLAMINGO HOUSE GROUP LLC

Ref. Number: L15000188697

We have received your document for THE FLAMINGO HOUSE GROUP 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):

The registered agent must sign accepting the designation.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 816A00017987

FILLED

SECRETARY OF STATE

SECRETARY OF STATE

## **COVER LETTER**

**TO:** Registration Section

INHS18 (2/14)

Division of Corporations			
SUBJECT: The Flamingo House Group	LLC		
	e of Limited Li	ability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.	
Please return all correspondence concerning thi	s matter to the	following:	
Nichole Thomson			
Name of Person		<del></del>	
The Flamingo House Group LLC			
Firm/Company		<del></del>	TAS <b>5</b>
4160 NW 1st AVE Suite 16			SE FI
Address			SA N
Boca Raton, FL 33431			ED 9 PM 1: 32 10F STATE EE, HLDRODA
City/State and Zip Code		_	A IE
nichole@theflamingohouse.com			, <b>»</b> -
E-mail address: (to be used for future annual	ual report notif	ication)	
For further information concerning this matter,	please call:		
Nichole Thomson	561 at (	909-8261	
Name of Person	\	Area Code & Daytime Telep	hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314	
Enclosed is a check for the following	amount:		
<b>☑</b> \$25 Filing Fee	<b>□</b> \$5	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.

4160 NW 1st AVE  Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  SUITE 16  Boca Raton, FL 33431  150001588697  Document number  Dept. of State:
Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  SUITE 16  Boca Raton, FL 33431  150001588697  Document number  Dept. of State:
Boca Raton, FL 33431  _150001588697  Document number  Dept. of State:
Document number  Dept. of State:
Dept. of State:
TALL SECTION
P 26 PH F
State of Florida, it is hereby confirmed that after tered office and the business office of the regist mpany, it is hereby confirmed that the change(sted liability company or as otherwise provided ability company.  The printed or typed name of signee
t t

Signature of Registered Agent