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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

D. SCOTT

FEB 10 2017

COVER LETTER

TO: Registration Section
Division of Corporations

Bearden Family Legacy L.L.C.

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:

Betty R. Bearden

Name of Person

Firm/Company

1934 Colonial Drive

Address

Green Cove Springs FL 32043

City/State and Zip Code

quaker1@bellsouth.net

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

For further information concerning this matter, please call:

Betty Bearden

904

234-7611

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

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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.

Bearden Family Legacy L.L.C.

1. Name of the limited liability company: _____

2. (a) 1934 Colonial Drive (b) 1934 Colonial Drive

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Green Cove Springs

Florida 32043

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Green Cove Springs

Florida 32043

11/19/2015

L15000195080

3. Date of filing/registration in Florida

4. Document number

Haslett Law

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

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

Green Cove Springs, 32043, FL _____

James L. Bearden, Sr.

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

1934 Colonial Drive

NEW Registered Office Address:

Green Cove Springs, 32043, 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 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.

Betty B. Bearden
Signature of a member or authorized representative of a member

Betty B. Bearden
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.

James L. Bearden Sr.
Signature of Registered Agent