

L16 0000000 129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

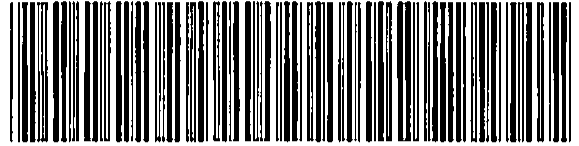
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000331621240

07/05/19--01011 -013 *\$35.00

FILED
2019 JUL 23 AM 8:47
CLERK OF COURT
JUL 23 2019

Y SULKER

JUL 30 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2019

BONITA VIDEO, LLC
17829 OAKMONT RIDGE CIRCLE
FORT MYERS, FL 33967

SUBJECT: BONITAVIDEO LLC
Ref. Number: L16000000129

We have received your document for BONITAVIDEO 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).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 719A00014598

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bonita Video, 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:

Antonio Correia
Name of Person

Bonita Video, LLC
Firm/Company

17829 Oakmont Ridge Circle
Address

Fort Myers, FL 33967
City State and Zip Code

antonio@Bonitavideo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio Correia at 239, 404-3377
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 (x)

☐ \$55 Filing Fee & Certified Copy

IN1818 (2-14)

Please use check
precisely sent.
Thank you

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: Bonita Video, LLC
2. (a) 17829 Oakmont Ridge Circle (b) 17829 Oakmont Ridge Circle
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Fort Myers, FL 33967 Fort Myers, FL 33967

3. 12/31/2015 4. L16000000129
Date of filing/registration in Florida Document number

5. (a) Business Filings Incorporated
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1200 South Pine Island Rd.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Plantation FL 33324

- (b) Antonio Correia
Enter name of NEW Registered Agent and/or NEW Registered Office address

17829 Oakmont Ridge Circle
NEW Registered Office Address:

Fort Myers FL 33967

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.

[Signature] Antonio Correia
Signature of a member or authorized representative 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.

[Signature]
Signature of Registered Agent

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