

U60000 38335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

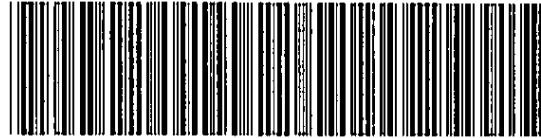
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 APR 25 A 3:47

TALLAHASSEE, FLORIDA

4/26/13 DS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2019

VALERIE ABRAHAM
125 ESCAMBIA LN #307
COCOA BEACH, FL 32931

SUBJECT: CHANDLER PROPERTIES AND INVESTMENTS LLC
Ref. Number: L16000038335

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

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: 119A00006981

to whom it may concern,

I previously sent a letter regarding my name change along with \$25. The check was cashed as it appears on my bank statement. That is why I have not included a check in this mail.

Thank you,

V. J. J. J.

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

2019/04/25 PM 2:11

2019/04/25 A 3:48

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chandler Properties and Investments 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:

Valerie ABRAHAM
Name of Person

Chandler Properties and Investments
Firm/Company

125 Esplanade, #307
Address

Cocoa Beach 32931 FL
City/State and Zip Code

Chandler.valerie@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VALERIE ABRAHAM at (321) 432-6156
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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2019 FEB 25 A 3:47
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: Chandler Properties and Investments

2. (a) 125 Escambia Ln #307
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

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

Cocoa Beach
32931 FL

3. 02/23/2016
Date of filing/registration in Florida

4. L 16000038335
Document number

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

125 Escambia lane #307 Cocoa Beach 32931 FL
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

FL 32931

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

125 Escambia lane, #307
NEW Registered Office Address:

Cocoa Beach 32931 FL
FL 32931

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2016 FEB 25 A 3:48
TALLAHASSEE, FLORIDA
CLERK OF THE DIVISION OF CORPORATIONS

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.

Valerie Chandler
Signature of a member or authorized representative of a member

VALERIE CHANDLER
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.

Valerie Abraham
Signature of Registered Agent