1160000 49241

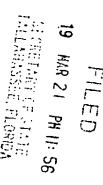
(Re	equestor's Name)	<u></u> _
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Name	·)
(Dx	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	}
		}





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08/15/18--01015--015 **25.00





August 22, 2018

CONNIE BATCHELOR 642 MOONSEED LANE CHIPLEY, FL 32728

SUBJECT: THE CHIPLEY OBSERVER, LLC

Ref. Number: L16000049241

We have received your document for THE CHIPLEY OBSERVER, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 118A00017399

Octavia L Simmons Regulatory Specialist III

OTOPIACION AMIDITA

COVER LETTER

SUBJECT: The Chipley Observer 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:
Connie J. Batchelor Name of Person
Chipley Observer Firm/Company
(042 Moons EED Lane Address
Chipley FL 32428 Gily/State and Zip Code
Editor & Chipley Observer. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Conne J. Bortch dor at (850) 260-6567 Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

STREET/COURIER ADDRESS:

\$25 Filing Fee

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

☐ \$55 Filing Fee & Certified Copy

MAILING ADDRESS:

Division of Corporations

Tallahassee, Florida 32314

Registration Section

P.O. Box 6327

1NHS18 (2/14)

TO:

Registration Section
Division of Corporations

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.

	TI 01 1 . Alanania
1. N	ame of the limited liability company:
2. (a)	642 MOONSEN LANE (b) P.O BOY 86
- ()	Principal office address of limited liability company: Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	Chipley FL 32428 Chipley FL 3242
	1 1/406/10/2011
•	3-9-16 L160004924/
3.	Date of filing/registration in Florida 4. Document number
5. (a)	VERA NAN THOMPSON
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	319 RED DEER RO
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Chiphey
	FL 32428
	ABLE TO THE STATE OF THE STATE
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Connie J. Batchelor
	Negotiere office Audica.
	642 Moons eed lane
	Chipley FL
164	
the ch	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange 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/w	fre authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in jeles of organization or the operating agreement of the limited liability company.
	anua portula Convie Bo tcheloe
Sign	ature of a member or authorized representative of a member Printed or typed name of signee
I here	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
provis	ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been
lo mei	rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been it is writing of this change.
יונוטוי	
Signat	ure of Registered Agent