

L16000080012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

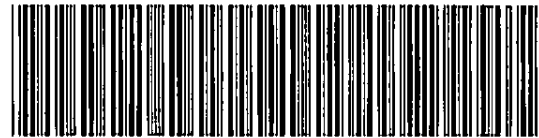
(Document Number)

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17 NOV -2 PM 3:45  
S. WARREN  
CLERK OF COURT  
CLERK OF COURT  
CLERK OF COURT

S. WARREN

NOV 03 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 19, 2017

VALERIE MATTA  
13827 TORTUGA POINT DRIVE  
JACKSONVILLE, FL 32225

SUBJECT: CAREER SHIFT, LLC  
Ref. Number: L16000080012

We have received your document for CAREER SHIFT, 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 LIMITED PARTNERSHIP - LP, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 117A00021177

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Career Shift, 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 MATTA  
Name of Person

Career Shift, LLC  
Firm/Company

13027 Tortuga Pt. Drive  
Address

Jacksonville, FL, 32225  
City/State and Zip Code

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

For further information concerning this matter, please call:

Valerie Matta at (216) 255-3026  
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

FILED  
17 NOV -2 PM 3:45  
TALLAHASSEE, FLORIDA

- you have previous ✓ sent

*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: Career Shift, LLC

2. (a) 13827 Tortuga Pt. Dr  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

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

Jacksonville, FL 32225

3. 4/21/2017  
Date of filing/registration in Florida

4. L16000080012  
Document number

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

13827 Tortuga Pt. Drive  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Jacksonville, FL FL 32225

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

13827 Tortuga Pt. Dr.

NEW Registered Office Address:  
Jacksonville, FL 32225

\_\_\_\_\_, FL \_\_\_\_\_

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 of a member or authorized representative of a member

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.*

Signature of Registered Agent