

LI6000090129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

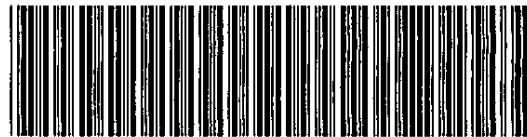
(Business Entity Name)

(Document Number)

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2017 JUN 13 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
JUN 14 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2017

MICHAEL CHAMBERS
9265 SW 201ST CIR
DUNNELLON, FL 34431

SUBJECT: CHAMBERLANDS, LLC
Ref. Number: L16000090129

We have received your document for CHAMBERLANDS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$55.00.

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

Deborah Bruce
Regulatory Specialist II

Letter Number: 017A00011154

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chamberlands, 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:

Michael Chambers

Name of Person

Chamberlands, LLC

Firm/Company

9265 SW 201st Cir

Address

Dunnellon FL 34431

City/State and Zip Code

micsemail@gmail.com

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

For further information concerning this matter, please call:

Michael Chambers

Name of Person

at (352) 266 3417

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

**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: Chamberlands, LLC
2. (a) 9265 SW 201st Cir
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Dunnellon FL 34431
- (b) 9265 SW 201st Cir
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Dunnellon FL 34431
3. May 9, 2016
Date of filing/registration in Florida
4. 616000090129
Document number

5. (a) _____

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

United States Corporation Agents, Inc.
13302 winding Oak Ct, #A Tampa FL 33612

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

Michael Chambers
NEW Registered Office Address:
9265 SW 201st Cir
Dunnellon, FL 34431

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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.

M. Chambers
Signature of a member or authorized representative of a member

Michael Chambers
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.

M. Chambers
Signature of Registered Agent