

L16000091326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

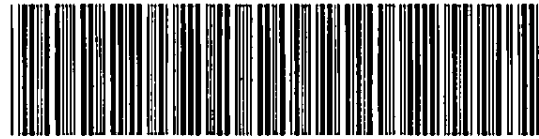
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2018 JUN -1 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. MILLIGAN
JUN 08 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2018

OLGRAY, LLC
4450 MARQUETTE AVE
JACKSONVILLE, FL 32210

SUBJECT: OLGRAY, LLC
Ref. Number: L16000091326

We have received your document for OLGRAY, 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 Limited Liability Company. 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.

Michelle Milligan
Senior Section Administrator

Letter Number: 918A00010528



RECEIVED

2018 JUN - 1 AM 11:33

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Olgray 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:

Jennifer Stone

Name of Person

Olgray LLC

Firm/Company

4450 MARQUETTE AVE

Address

JACKSONVILLE, FL 32210

City/State and Zip Code

Stonejennifer77@gmail.com

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

For further information concerning this matter, please call:

Jennifer Stone

Name of Person

at (904) 412 4929

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

INHS18 (2/14)

I already paid 36.00 please refund
\$10.00 to Olgray LLC thank you

ITC-A SH

**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: Olgrey LLC
2. (a) 4450 Marquette Ave (b) 4450 Marquette Ave
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Jacksonville FL 32210 Jacksonville FL 32210
3. 5/10/2016 4. L160000091326
Date of filing/registration in Florida Document number
5. (a) United States Corporation Agents Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13302 Winding Oak Court, A
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tampa, FL 33612
- (b) Jennifer H Stone
Enter name of NEW Registered Agent and/or NEW Registered Office address:
4450 Marquette Ave
Jacksonville, FL 32210

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SECRETARY OF STATE
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.

[Signature]
Signature of a member or authorized representative of a member

David R Stone
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]
Signature of Registered Agent