

L16000091326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

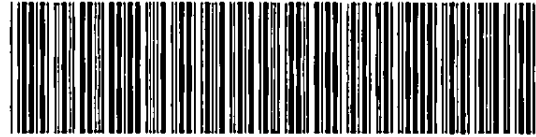
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED

2019 MAY 20 PM 6:00

CLERK OF SUPERIOR COURT
JULIA A. JONES

T GLASS

MAY 20 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 10, 2019

JENNIFER STONE
5210 MAGNOLIA OAKS LANE
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 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) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 819A00009464

2019 MAY 20 PM 6:00
APPROVED
AND
FILED

RECEIVED

MAY 20 2019

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

5210 Magnolia Oaks Ln.
Address

Jacksonville, FL 32210
City/State and Zip Code

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

For further information concerning this matter, please call:

David Stone at (904) 755-6610
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

APPROVED
AND
FILED
2019 MAY 20 PM 6:00
TALLAHASSEE, FLORIDA
STATE SECRETARY OF REVENUE

**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: Olgray LLC
2. (a) 5210 Magnolia Oaks Lane (b) 5210 Magnolia Oaks Lane
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 Date of filing/registration in Florida 4. L16000091326 Document number

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

4450 Marguerite Ave
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)
Jacksonville, FL 32210
_____, FL _____

- (b) Jennifer Stone
Enter name of NEW Registered Agent and/or NEW Registered Office address:

5210 Magnolia Oaks Lane
NEW Registered Office Address:

Jacksonville, FL 32210

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.

David Stone
Signature of a member or authorized representative of a member

David 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