

46000 102020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

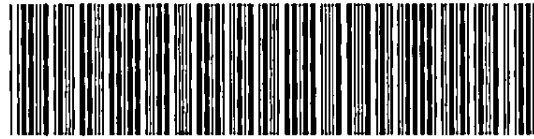
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 JUN -5 AM 7:55  
C. GOLDEN

C. GOLDEN

JUN 22 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Acorn Bookkeeping and Tax, 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:

Angela Yonge  
Name of Person

Acorn Bookkeeping and Tax LLC  
Firm/Company

4050 Barbara Ter  
Address

Saint Augustine, FL 32086  
City/State and Zip Code

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

For further information concerning this matter, please call:

Angela Yonge at ( 904 ) 600-3450  
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

June 3, 2019

Division of Corporations  
Amendment Section  
PO Box 6327  
Tallahassee, FL 32314

Re: Acorn Bookkeeping and Tax, LLC – Document Number L16000102020

To Whom It May Concern:

Please change the principal place of business and mailing address for Acorn Bookkeeping and Tax LLC (Document # L16000102020) and for the Manager (MGR) from:

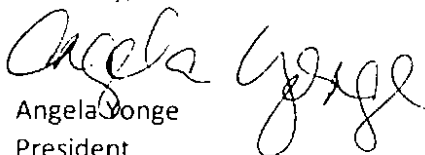
4195 Lazy Acres Rd  
Middleburg, FL 32068

To:

4050 Barbara Ter  
Saint Augustine, FL 32086

I have also enclosed the form to request the registered agent address change and the applicable fee. Please let me know if you need any additional information.

Sincerely,

  
Angela Yonge  
President

904-477-8732

**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: Acorn Bookkeeping and Tax LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

4050 Barbara Ter

Saint Augustine, FL 32086

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

4050 Barbara Ter

Saint Augustine, FL 32086

05/25/2016

L16000102020

3. \_\_\_\_\_ Date of filing/registration in Florida

4. \_\_\_\_\_ Document number

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

Angela Yonge

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4195 Lazy Acres Rd

Middleburg, FL 32068

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Angela Yonge

NEW Registered Office Address:

4050 Barbara Ter

Saint Augustine, FL 32086

2019 JUN -5 AM 7:55

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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.

Angela Yonge

Signature of a member or authorized representative of a member

Angela Yonge, MGR

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.*

Angela Yonge

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00