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7/29/2020

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : BOYER LAW FIRM, P.L.
Account Number : I20100000071
Phone : (904)236-5317
Fax Number : (904)371-3935

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: office@boyerlawfirm.com

LLC REGISTERED AGENT CHANGE
PALMER TELECOM LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

PALMER TELECOM LLC

SUBJECT: _____
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:

Francis M. Boyer, Esq
Name of Person

Boyer Law Firm, P.L.
Firm/Company

9471 Baymeadows Rd, Suite 406
Address

Jacksonville, FL 32256
City/State and Zip Code

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

For further information concerning this matter, please call:

Francis M. Boyer at (904) 236-5317
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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**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: PALMER TELECOM LLC

2. (a) 151 N NOB HILL RD (b) 151 N NOB HILL RD
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

STE 261 STE 261

PLANTATION, FL US 33324 PLANTATION, FL US 33324

06-14-2016 L16000114506

3. Date of filing/registration in Florida 4. Document number

5. (a) ALBERTO A PALMER BENITEZ

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

151 N NOB HILL RD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

STE 261

PLANTATION, FL 33324

(b) Francis M. Boyer, Esq.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Boyer Law Firm, P.L.

NEW Registered Office Address:

9471 Baymeadows Rd, Suite 406

Jacksonville, FL 32256

2007 JUL 29 PM 4:55

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] ALBERTO A PALMER BENITEZ
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]
Signature of Registered Agent

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