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(Requestor's Name)						
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(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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Office Use Only

COVER LETTER

TO: **Registration Section Division of Corporations**

MAY DELEVERY SERVES LLC UR WA SUBJECT: _

Dear Sir or Madam:

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The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for tiling.

Please return all correspondence concerning this matter to the following:

DRZ LZON VURNZIL Firm/Company 40 W HOLLYWOOD BLVD. SUZTE 415/2923 MARKETST. HOLLY (NOD), FZ 33021 / FORT MYZRS, FZ 33916 City/State and Zip Code

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

For further information concerning this matter, please call:

) <u>275 - 007</u> Area Code & Davtime Telephone Number ND77

STREET/COURIER ADDRESS:

MAILING ADDRESS: **Registration Section**

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

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



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FLORIDA DEPARTMENT OF STATES

August 11, 2017

EDDIE LEON PURNELL 2923 MARKET ST FORT MYERS, FL 33916

SUBJECT: ON OUR WAY DELIVERY SERVICES LLC Ref. Number: L16000139924

We have received your document for ON OUR WAY DELIVERY SERVICES 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).

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Name of new registered agent is missing.

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.

Jenna D Harris Regulatory Specialist II

Letter Number: 417A00016444

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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.

3 LLC Name of the limited liability company: Ι. 2. (a) ST (b) Principal office address of limited liability company: 3416 Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) MAY BE POST OFFICE BOX (Note: 261 Date of filing/registration in Florida 3. 4. 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State KOD (MUST BE FLORIDA STREET ADDRESS) Office Address (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>: NEW Registered Office Address: 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 ogreement of he limited liability company. 4/1 NA Gignature of a member or authorized representative of a member Un $\gamma 1/$ 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.

Signature of Registered Auch

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