

L16000140665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

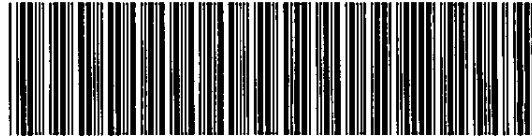
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700292674197

12/02/16--01009--024 **25.00

16 DEC 15 PM 2:55
DIVISION OF COURT OPERATIONS

FILED

O SIMMONS
DEC 16 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2016

DORIS CAMPOS
18722 CHOPIN DR
LUTZ, FL 33558

SUBJECT: O & L INVESTMENT GROUP LLC
Ref. Number: L16000140665

RECEIVED
2016 DEC 15 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for O & L INVESTMENT GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 016A00025817

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: O & L Investment Group, 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:

Doris L. Campos
Name of Person

O & L Investment Group, LLC
Firm/Company

18722 Chopin Drive
Address

Lutz, FL 33558
City/State and Zip Code

dcampos1@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Doris L. Campos at (813) 380-1098
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

**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: O & L Investment Group, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

18722 Chopin Drive
Lutz, FL 33558

7/27/2016

L16000140665

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:

Oscar J. Vargas & Doris L. Campos

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

18722 Chopin Drive

Lutz, FL 33558

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

Doris L. Campos (only)

NEW Registered Office Address:

18722 Chopin Drive (stays the same)

Lutz, FL 33558

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

Doris L. Campos
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

FILED
16 DEC 15 PM 2:55
DIVISION OF CORPORATIONS