

L16000150324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

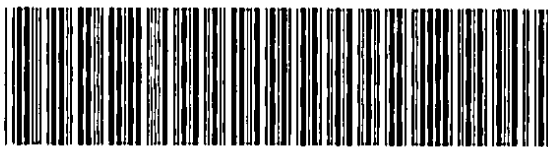
(Business Entity Name)

(Document Number)

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I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2120 Autumn Cove, 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:

William A. O'Leary

Name of Person

Legacy Planning Law Group

Firm/Company

3430 Kori Rd., Ste. 4

Address

Jacksonville, FL 32257

City/State and Zip Code

vanette@legacyplanninglawgroup.com

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

For further information concerning this matter, please call:

vanette Saville

Name of Person

at (904) 880-5554

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: 2120 Autumn Cove, 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**)

2120 AUTUMN COVE

6063 KINGSLEY LAKE DRIVE

FLEMING ISLAND, FL 32003

STARKE, FL 32091

08/11/2016

L16000150324

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

5. (a) William A. O'Leary
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

9957 Moorings Drive

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 301

Jacksonville, FL 32257

(b) William A. O'Leary
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

3430 Kori Rd., Ste. 4

Jacksonville, FL 32257

the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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 articles of organization or the operating agreement of the limited liability company.

William A. O'Leary
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 solely to reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

William A. O'Leary
Signature of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA