

L16000165131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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10/04/17--01023--005 **25.00

FILED
17 OCT 11 PM 1:43
CLERK OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

OCT 13 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2017

MARK HALL
SOMAPS
P.O. BOX 237072
COCOA, FL 32923

SUBJECT: SOMAPS LLC
Ref. Number: L16000165131

We have received your document for SOMAPS 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 designation of the registered agent must be at a Florida street address.

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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 417A00020098

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOMAPS
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:

MARK HALL
Name of Person

SOMAPS
Firm/Company

P.O. Box 237072
Address

COCOA, FL 32923
City/State and Zip Code

JEDRIVER67C@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK HALL at ()
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: SCMADS
2. (a) 1121 PEACHTREE ST, COCOA FL 32922 (b) P.O. Box 237072 COCOA FL 32923
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- change* →

3. 9/2/2016 Date of filing/registration in Florida 4. L16000165131 Document number

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

1121 PEACHTREE ST
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

COCOA, FL 32922

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

P.O. Box 237072 SCMADS
NEW Registered Office Address:

COCOA, FL 32923

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

MARK HALL
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

FILED
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA