

L16000/166804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE
NOV 07 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 12, 2016

JOHN CARLOS
5668 FISHHAWK CROSSING BLVD, SUITE 350
LITHIA, FL 33547-3993

SUBJECT: FLIP FINANCIAL LLC
Ref. Number: L16000166804

We have received your document for FLIP FINANCIAL 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):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 616A00022009

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLIP FINANCIAL 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:

JOHN CARLOS

Name of Person

FLIP FINANCIAL LLC

Firm/Company

5668 FISHHAWK CROSSING BLVD. SUITE 350

Address

LITHIA, FL 33547-3993

City/State and Zip Code

FLIPFINANCIAL@YAHOO.COM

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

For further information concerning this matter, please call:

JOHN CARLOS

Name of Person

at (813) 624-5260

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

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TALLAHASSEE, FLORIDA

**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: FLIP TRUST LLC

2. (a) 5668 FISHHAWK CROSSING BLVD
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
SUITE 350
LITHIA, FL 33511

(b) 5668 FISHHAWK CROSSING BLVD
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
SUITE 350
LITHIA, FL 33511

3. 21/ NOV/ 2014 Date of filing/registration in Florida 4. L14000180886 Document number

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

235 W BRANDON BLVD
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE 172
LITHIA, FL 33511

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

5668 FISHHAWK CROSSING BLVD
NEW Registered Office Address:
SUITE 350
LITHIA, FL 33511

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TALLAHASSEE, FLORIDA

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

JOHN CARLOS
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]
Signature of Registered Agent