

L16000174164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

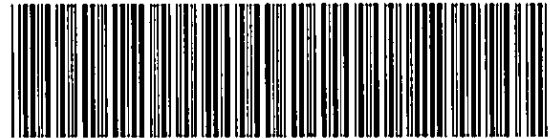
(Business Entity Name)

(Document Number)

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18 SEP 27 PM 1:22
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Ra Chang

OCT 04 2018

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amy's Prime Properties 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:

Amy Alvarez
Name of Person

Amy's Prime Properties LLC
Firm/Company

16960 Alico Mission Way #102-207
Address

Ft Myers FL 33908
City/State and Zip Code

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

18 SEP 27 PM 1:22
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Amy Alvarez at (914) 486-8489
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2018

AMARILYS ALVAREZ
AMY'S PRIME PROPERTIES, LLC
16960 ALICO MISSION WAY 102207
FORT MYERS, FL 33908

SUBJECT: AMY'S PRIME PROPERTIES, LLC
Ref. Number: L16000174164

We have received your document for AMY'S PRIME PROPERTIES, 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 Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 918A00018890

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18 SEP 27 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FL 32314

**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: Amy's Prime Properties LLC
2. (a) 16960 Alico Mission Way #102207 (b) 16960 Alico Mission Way #1022
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Ft Myers FL 33908

Ft Myers FL 33908

3. Sept 19, 2016
Date of filing/registration in Florida

4. 46000174164
Document number

5. (a) Cheyenne Moseley US Corporation Agents Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding Oak Court A
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa
, FL 33612

- (b) Amarilys Alvarez

Enter name of NEW Registered Agent and/or NEW Registered Office address:

16960 Alico Mission Way #102207
NEW Registered Office Address:

Ft Myers FL
, FL 33908

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.

Amarilys Alvarez
Signature of a member or authorized representative of a member

Amarilys Alvarez
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.

Amarilys Alvarez
Signature of Registered Agent

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