

L16 0000211600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

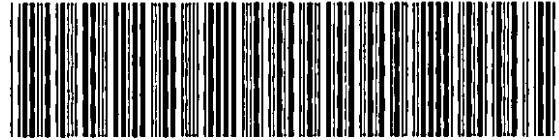
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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O SIMMONS

JAN 23 2020

COVER LETTER

O: Registration Section
Division of Corporations

SUBJECT: Talon Property Services 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:

Chris Counts

Name of Person

Talon Property Services LLC

Firm/Company

2003 49 St. N Ste. 305

Address

Clearwater, FL 33763

City/State and Zip Code

chris@taloncos.com

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

For further information concerning this matter, please call:

Chris Counts

678

974-9096

at (_____) _____

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**

*In 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.*

Name of the limited liability company: Talon Property Services LLC

(a) Talon Plumbing

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

12003 49 St. N. Ste. 305

Clearwater, FL 33763

(b) _____

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

730 Pryor St. SW

Atlanta, GA 30315

9/28/2017

Date of filing/registration in Florida

4.

L16000211600

Document number

(a) _____

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Keith Adams

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

533 S 63 Ave

Hollywood, FL 33023

(b) _____

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

Frank Resti

NEW Registered Office Address:

12003 49 St. N Ste. 305

Clearwater, FL 33763

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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 of a member or authorized representative of a member

Chris Counts

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
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 of Registered Agent