

L16000221943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

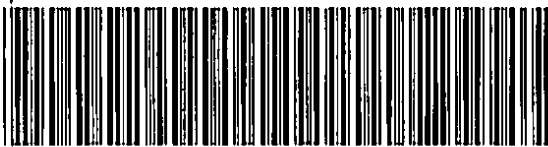
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/19/20 10:00 AM

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FEB 04 2021

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pasco County Professional Firefighters Building Fund 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-Michael Morin

Name of Person

Pasco County Professional Firefighters Building Fund LLC

Firm/Company

PO Box 1939

Address

Land O' Lakes FL 34639

City/State and Zip Code

jmorin@iaff4420.org

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

For further information concerning this matter, please call:

John-Michael Morin

at (813) 2991779

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 JAN 9 9:03

January 8, 2021

JOHN MICHAEL MORIN
P.O. BOX 1939
LAND O LAKES, FL 34639

SUBJECT: PASCO COUNTY PROFESSIONAL FIREFIGHTERS BUILDING
FUND, LLC
Ref. Number: L16000221943

We have received your document for PASCO COUNTY PROFESSIONAL FIREFIGHTERS BUILDING FUND, 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 registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Irene Albritton
Regulatory Specialist II

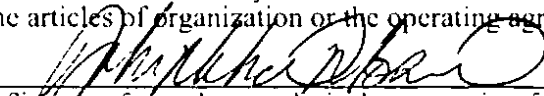
Letter Number: 321A00000444

**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: <u>Pasco County Professional Firefighters Building Fund LLC</u>	
2. (a) <u>21735 YMCA Camp Rd</u> Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) <u>Land O' Lakes, FL 34639</u>	(b) <u>PO Box 1939</u> Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) <u>Land O' Lakes, FL 34639</u>
<u>3/21/2017</u>	<u>L16000221943</u>
3. <u>Date of filing/registration in Florida</u>	4. <u>Document number</u>
5. (a) <u>CT Corporation System</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>1200 South Pine Island Road</u> Registered Office Address (MUST BE FLORIDA STREET ADDRESS) <u>Plantation, FL 33324</u>	
(b) <u>John-Michael Morin</u> Enter name of NEW Registered Agent and/or NEW Registered Office address : <u>21735 YMCA Camp Road</u> NEW Registered Office Address : <u>Land O' Lakes, FL 34639</u>	

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.

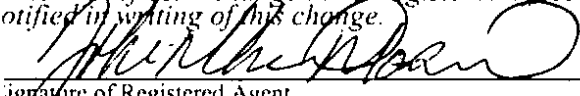


Signature of a member or authorized representative of a member

John-Michael Morin

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 of Registered Agent

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

FILING FEE: \$25.00