

L17000013664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

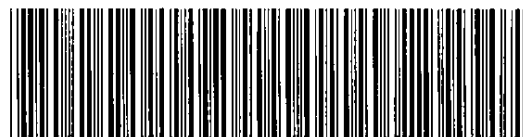
(Document Number)

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FILED
17 JUN 19 PM 3:57
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

S. WARREN

JUN 20 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2017

JACONDRA GIBSON
5740 CYPRESS CIRCLE
TALLAHASSEE, FL 32303

SUBJECT: C CHANDLER TRANSPORT, LLC
Ref. Number: L17000013664

We have received your document for C CHANDLER TRANSPORT, 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 must sign accepting the designation.

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: 417A00010641

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C CHANDLER TRANSPORT, 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:

JACONDRA GIBSON

Name of Person

Firm/Company

5740 CYPRESS CIRCLE

Address

TALLAHASSEE, FL. 32303

City/State and Zip Code

PEASELA1@COMCAST.NET

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

For further information concerning this matter, please call:

JACONDRA GIBSON at (**850**) **524-1103**
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: C CHANDLER TRANSPORT, LLC

2. (a) 5740 CYPRESS CIRCLE (b) 5740 CYPRESS CIRCLE

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

TALLAHASSEE, FL. 32303

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

TALLAHASSEE, FL. 32303

01/17/2017

L17000013664

3. Date of filing/registration in Florida

4. Document number

5. (a) CKINTON CHANDLER

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

5740 CYPRESS CIRCLE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32303

(b) _____

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

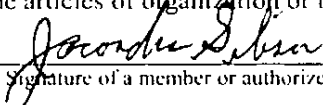
JACONDRIA GIBSON

NEW Registered Office Address:

5740 CYPRESS CIRCLE

TALLAHASSEE, FL 32303

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.

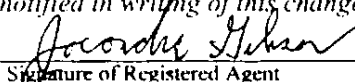


Signature of a member or authorized representative of a member

JACONDRIA GIBSON

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

FILED
17 JUN 19 PM 3:57
TALLAHASSEE, FLORIDA