

L17000013903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

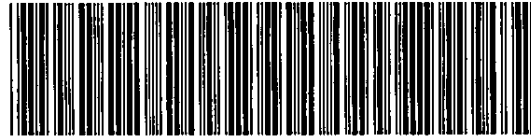
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS

17 SEP 20 PM 5:41

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O SIMMONS  
SEP 25 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2017

DARRELL CONE  
PO BOX 627  
BUNNELL, FL 32110

SUBJECT: AIN'T WORKING LLC  
Ref. Number: L17000013903

We have received your document for AIN'T WORKING LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist II

Letter Number: 717A00017700

RECEIVED  
2017 SEP 20 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AIN'T WORKING 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:

Darrell D. Cone  
Name of Person

Darrell Cone Dozer Service Inc.  
Firm/Company

P. O. Box 627  
Address

Bunnell Fl., 32110  
City/State and Zip Code

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

For further information concerning this matter, please call:

Darrell Cone at ( 386 ) 9311890  
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: AIN'T WORKING LLC

2. (a) 449 County Road 304 (b) P. O. Box 627

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

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

Bunnell Fl., 32110

Bunnell Fl., 32110

January 18, 2017

L17000013903

3. Date of filing/registration in Florida

4. Document number

5. (a) Cone, Darrell D.

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

449 County Road 304

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Bunnell, FL 32110

DIVISION OF CORPORATIONS  
 17 SEP 20 PM 5:44  
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(b)

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

Darrell Cone Dozer Service Inc.

**NEW** Registered Office Address:

449 COUNTY ROAD 304

Bunnell, FL 32110

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.

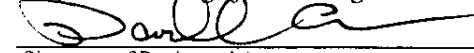


Darrell Cone

Signature of a member or authorized representative of a member

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 of Registered Agent