

L17000029373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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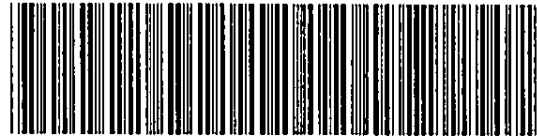
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUN 30 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seasons Enterprises 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:

Andres Guevara
Name of Person

Seasons Enterprises LLC
Firm/Company

11323 Camus Lane
Address

Orlando, FL 32824
City/State and Zip Code

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

For further information concerning this matter, please call:

Andres Guevara at (407) 441-1577
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

June 27, 2017

ANDRES GUEVARA
11323 CAMUS LANE
ORLANDO, FL 32824

SUBJECT: SEASONS ENTERPRISES, LLC
Ref. Number: L17000029373

We have received your document for SEASONS ENTERPRISES, 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):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Your document is being returned as requested.

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: 417A00013038

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: Sensors Enterprises LLC
2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
4700 Millenia Blvd, Suite 175
Orlando, FL 32839
- (b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
4700 Millenia Blvd, Suite 175
Orlando, FL 32839
3. Date of filing/registration in Florida: 2/6/17
4. Document number: L17000029313

5. (a) Andres Cueva
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1440 Canopy Pasture Dr
Saint Cloud, FL 34771

- (b) Andres Cueva
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address: 11323 Camus Lane

4700 Millenia Blvd, Suite 175
Orlando
Orlando, FL 32839

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]
Signature of a member or authorized representative of a member

Andres Cueva
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]
Signature of Registered Agent

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

FILED
17 JUN 29 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA