

L17000054167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

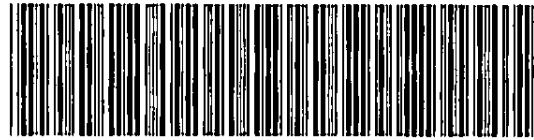
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only



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FEB 11

S. PRATHEP



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2022

BILLRON INVESTMENTS LLC
26336 STATE ROAD 19
HOWEY IN THE HILLS, FL 34737

SUBJECT: BILLRON INVESTMENTS LLC
Ref. Number: L17000054167

We have received your document for BILLRON INVESTMENTS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 822A00026611

VED
2023 FEB 1
PM 1:35
SUNBIZ

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Articles of Incorporation
Name of Limited Liability Company

Dear Sir or Madam:

I enclose said Registered Agent/Registered Office Change and fee so are submitted for filing.

Please direct all correspondence concerning this matter to the following:

With Respect to:

Name of Person

Peterson Land Company
Limited Company

To: State of Florida

Address

Phone: (904) 633-3333

City, State and Zip Code

per person/office

Company Address (to be used for future annual report notification)

For further information concerning this matter, please call:

With Respect to:

Phone

Name of person

City

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32311

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:

☐ \$25.00 filing fee

☐ \$55.00 filing fee & Certified Copy

ENH:SKC/3

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Persons filing this statement are required to file a copy of the Florida Statutes, the company's prior filing a limited liability company certificate of formation or articles of organization with the registered agent or with the State of Florida.

Name of the limited liability company: Bellco Paces South LLC

1. 2630 State Road 206

2. 2630 State Road 206

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

City, county and state: FL 32737

City, county and state: FL 32737

3. 03/05/2017

4. 1170468327

5. Date of filing registration in Florida

Document number

6. Statewide Paces South LLC, a limited liability company

7. Registered Agent: 1170468327, 2630 State Road 206, Tallahassee, FL 32304

8. (Note: MUST BE FLORIDA STREET ADDRESS)

2630 Paces Road, Tallahassee, FL 32304

9. Admission State

FL 32701

10. Statewide Paces South LLC, a limited liability company

11. NEW Registered Agent: 1170468327

NEW Registered Office address

New Registered Agent Address

2630 Paces Road, Tallahassee, FL 32304

12. Expiry

FL 32701

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 changes 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 Registered Agent

Signature of Registered Agent

I hereby declare that the information is true and correct to the best of my knowledge. I understand that I am responsible for the accuracy of the information provided and that I am responsible for the accuracy of the information provided. I understand that I am responsible for the accuracy of the information provided and that I am responsible for the accuracy of the information provided.

Signature of Registered Agent

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

NO SIX 214

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