L17 000091411

(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:

TWS

Office Use Only

400372470594

09/07/21--01028--026 **35.00

2021 SEP 29 AM 7:50

SEP 30 2021

HALLIBURTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GARDE PROPERTIES 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:

DEBORAH L. GARDE
Name of Person

GARDE PROPERTIES LLC
Firm/Company

2166 NW THUNDER ST
Address

WHITE SPRINGS, FL 32096
City/State and Zip Code

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

For further information concerning this matter, please call:

DEBORAH L. GARDE at (386) 397-4132
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

PREVIOUSLY SUBMITTED

INHS18 (2/14)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 SEP 29 AM 11:34

September 22, 2021

DEBORAH L. GARDE
WHITE SPRINGS RV PARK
2166 NW THUNDER ST
WHITE SPRINGS, FL 32096

SUBJECT: GARDE PROPERTIES LLC
Ref. Number: L17000091411

We have received your document for GARDE PROPERTIES 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 Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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 III

Letter Number: 721A00022964

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: GARDE PROPERTIES LLC

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

2166 NW THUNDER ST

WHITE SPRINGS, FL 32096

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

2166 NW THUNDER ST

WHITE SPRINGS, FL 32096

3. Date of filing/registration in Florida: 04/25/2017

4. Document number: L17000091411

5. (a) UNITED STATES CORPORATION AGENTS, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

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

5575 S. SEMORAN BLVD STE 36

ORLANDO, FL 32822

(b) DEBORAH L. GARDE
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

2166 NW THUNDER ST

WHITE SPRINGS, FL 32096

2021 SEP 29 AM 7:50

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.

Deborah L Garde
Signature of a member or authorized representative of a member

DEBORAH L. GARDE
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.

Deborah L. Garde
Signature of Registered Agent

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

INHS18 (2/14)