

L17000107055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

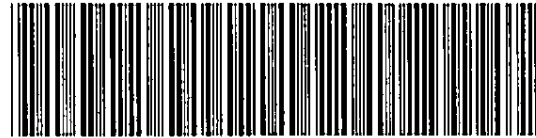
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/26/18--01042--006 **25.00

B FIGUEROA

MAR 15 2018

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAR -9 AM 10:00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2018

KARA PERCY
PO BOX 7552
PANAMA CITY BEACH, FL 32413

SUBJECT: AMBASSADORVILLE LLC
Ref. Number: L17000107055

We have received your document for AMBASSADORVILLE 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 form you submitted has incorrectly reversed the signatures, please correct.

Please return the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 518A00004050

RECEIVED
2018 MAR -9 AM 10:19
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMBASSADORVILLE, 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:

KARA PERCY
Name of Person

AMBASSADORVILLE, LLC
Firm/Company

P.O. BOX 7552
Address

PANAMA CITY BEACH, FL. 32413
City/State and Zip Code

KOTTMANNKARA@GMAIL.COM
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

KARA PERCY 314 691-5215
Name of Person at () 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: AMBASSADORVILLE, LLC

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

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

100 SANDALWOOD CT.
PANAMA CITY BEACH, FL. 32413

P.O. BOX 7552
PANAMA CITY BEACH, FL. 32413

3. 1/31/18 Date of filing/registration in Florida 4. L17000107055 Document number

5. (a) KARA PERCY
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.
100 SANDALWOOD CT.
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

PANAMA CITY BEACH FL 32413

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

16621 FRONT BEACH RD. #105
NEW Registered Office Address:

PANAMA CITY BEACH FL 32413

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.

Charles Percy
Signature of a member or an authorized representative of a member

Charles Percy
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.

Charles Percy
Signature of Registered Agent

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR - 9 AM 10:00