

L17000111220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

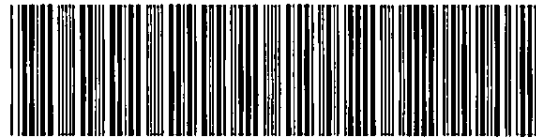
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300305134173

11/09/17--01022--021 **25.00

FILED
17 NOV -9 AM 11:59
STATE
TALLAHASSEE, FLORIDA

S. WARREN

NOV 14 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Only one management 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:

Letarsna Cross-Wesley
Name of Person

Only one management
Firm/Company

14819 SW 167th St
Address

miami Fl 33187
City/State and Zip Code

onlyone management 1@gmail.com
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Letarsna Cross-Wesley at (786) 760 0307
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: Only one management LLC
2. (a) 14819 SW 167th St Miami FL 33187 (b) 14819 SW 167th St Miami FL 33187
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 05/19/2017 Date of filing/registration in Florida 4. L17000111220 Document number

5. (a) Ietarsna Cross-Wesley
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

16400 SW 147th ave
Miami, FL 33187

- (b) Ietarsna Cross-Wesley
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

14819 SW 167th St
NEW Registered Office Address:
m

Miami, FL 33187

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.

Ietarsna Cross-Wesley
Signature of a member or authorized representative of a member

Ietarsna Cross-Wesley
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.

Ietarsna Cross-Wesley
Signature of Registered Agent

FILED
17 NOV -9 AM 11:59
STATE
TALLAHASSEE, FLORIDA