

L17000 112445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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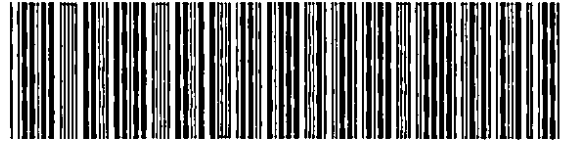
(Business Entity Name)

(Document Number)

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SOUTH FLORIDA
TALLAHASSEE, FLORIDA

S. WARREN

DEC 19 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amelia Island Renovations, 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:

Joseph Strickland
Name of Person

Amelia Island Renovations, LLC
Firm/Company

1995 Clinch Drive
Address

Fernandina Beach, FL 32034
City/State and Zip Code

brokenatthecross33@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Strickland at (904) 415-0656
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

NO \$

FILED

2017 DEC -1 AM 11:26



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2017

JOSEPH STRICKLAND
1995 CLINCH DRIVE
FERNANDINA BEACH, FL 32034

SUBJECT: AMELIA ISLAND RENOVATIONS, LLC
Ref. Number: L17000112445

We have received your document for AMELIA ISLAND RENOVATIONS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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: 317A00024876

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: Amelia Island Renovations, LLC

2. (a) 1995 Clinch Drive

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Fernandina Beach,
FL 32034

(b) Same

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

5/22/17

3. Date of filing/registration in Florida

L17000112445

4. Document number

5. (a) Joseph Strickland

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1995 Clinch Drive

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Fernandina Beach
FL 32034

(b) Samuel Forbes

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

NEW Registered Office Address:

\$3

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.

Joseph M. Strickland

Signature of a member or authorized representative of a member

Joseph Strickland

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.

Joseph Strickland

Signature of Registered Agent

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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS