

L17000142230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

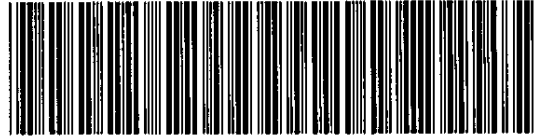
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/29/17--01010--007 \*\*25.00

17 AUG 29 PM 1:08

FILED  
17 AUG 29 AM 11:49  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

AUG 30 2017

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**CORPORATE  
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**WALK IN**

**PICK UP:** 8/28 Glinda

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- xx** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- xx** **FILING** RA change \_\_\_\_\_

1. Florida **SERVES HEROS OVIEDO, FL, LLC** \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporation

**SUBJECT:** Florida Serves Hereos Oviedo, FL, 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:

Karen Bremer

\_\_\_\_\_  
Name of Person

Property Consulting & Solutions, Inc.

\_\_\_\_\_  
Firm/Company

5005 West Laurel Street, Suite 215

\_\_\_\_\_  
Address

Tampa, FL 33607

\_\_\_\_\_  
City/State and Zip Code

kbremer@propertyconsultingsolutions.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beth Graves \_\_\_\_\_ at (727) 726-0700 \_\_\_\_\_

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25.00 Filing Fee

☐ \$55.00 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: Florida Serves Heros Oviedo, FL, LLC

2. (a) 5025 W Homer Ave., Tampa, FL 33626 (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

06/30/2017 L17000142230  
3. Date of filing/registration in Florida 4. Document number

5. (a) Novello, Ben  
Registered Agent and Registered Officer shown on the records of the Florida Dept. of State

5025 W Homer Ave  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33629

(b) William G. Lohvy  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

5025 W Homer Ave

Tampa, FL 33629

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.

[Signature] Ben Novello  
Signature of a member or authorized representative of a member 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.

[Signature]  
Signature of Registered Agent

FILED  
17 AUG 29 AM 11:49  
CLERK OF CIRCUIT COURT  
ALACHUA COUNTY, FLORIDA