

L17 000144488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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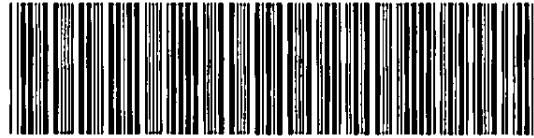
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LESTER KALMANSON 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:

BARBARA KALMANSON
Name of Person

LESTER KALMANSON PROPERTIES, LLC
Firm/Company

P.O. BOX 940008
Address

MAITLAND, FL 32794-0008
City/State and Zip Code

mrsbk2@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA KALMANSON at (407) 645-5000
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

**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: LESTER KALMANSON PROPERTIES, LLC
2. (a) 235 S. MAITLAND AVENUE
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
MAITLAND
FL 32751
- (b) P.O. BOX
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
MAITLAND
FL 32794-0008
3. July 5, 2017
Date of filing/registration in Florida
4. L17000144488
Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____


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

235 S. MAITLAND AVENUE
NEW Registered Office Address:

MAITLAND

MAITLAND, FL 32751

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 of a member or authorized representative of a member

BARBARA KALMANSON

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.



Signature of Registered Agent

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