

L 17 000145370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

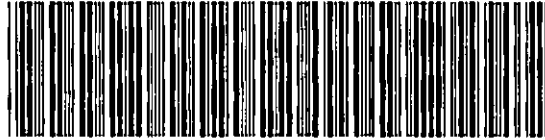
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R. WHITE

JUN 19 2020

2020 JUN 18 11:09:35



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 JUN 10 PM 11:37

June 10, 2020

TIFFANY L. CLECKLEY
303 NW 4TH AVE
DELRAY BEACH, FL 33444

SUBJECT: T. CLECKLEY & COMPANY LLC
Ref. Number: L17000145370

We have received your document for T. CLECKLEY & COMPANY LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 820A00011483

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T. Cleckley & Company

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:

Tiffany L. Cleckley

Name of Person

T.Cleckley & Company

Firm/Company

303 NW 4th Ave

Address

Delray Beach, Florida 33444

City/State and Zip Code

t.cleckleyco@gmail.com

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

For further information concerning this matter, please call:

Tiffany Cleckley

Name of Person

561

at (_____) _____

558-3603

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: T. Cleckley & Company

2. (a) 6586 W. Atlantic Ave #1039 Delray Beach, FL 33446
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 6586 W. Atlantic Ave #1039 Delray Beach, FL 33446
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

07/06/2017

L17000145370

3. Date of filing/registration in Florida 4. Document number

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

5237 Summerlin Commons

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Suite 400

Fort Meyers, FL 33907

(b) Tiffany L Cleckley

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

303 NW 4th Ave

NEW Registered Office Address:

Delray Beach, FL 33444

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.

Tiffany L Cleckley
Signature of a member or authorized representative of a member

Tiffany L Cleckley

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.

Tiffany L Cleckley
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00