

L17000158335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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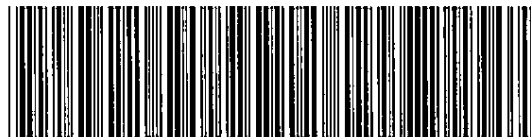
(Business Entity Name)

(Document Number)

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17 AUG 18 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Frameous EYES 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:

Erik Eklund

Name of Person

—

Firm/Company

3909 East Torchlake Dr

Address

The Villages FL, 32163

City/State and Zip Code

ErikEklund@gmail.com

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

For further information concerning this matter, please call:

Erik C Eklund

Name of Person

at (786) 223-9934

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: Frameaus Eyes
2. (a) ~~Principal office address~~ Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
3970 SW Archer Rd
Gainesville FL 32608
- (b) Erik Eklund
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
3909 East Torchlake Dr.
The Villages, FL 32163
3. 07/26/2017
Date of filing/registration in Florida
4. L17000158335
Document number
5. (a) Erik C. Eklund
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3909 East Torchlake Drive
The Villages, FL 32163

- (b) Erik C. Eklund
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

3909 East Torchlake Drive
NEW Registered Office Address:
The Villages, FL 32163

FILED
17 AUG 18 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Erik Eklund (MGR)
Signature of a member or authorized representative of a member

Erik C. Eklund (MGR)
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.

Erik Eklund (MGR)
Signature of Registered Agent

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: Frameaus Eyes
2. (a) ~~Principal office address~~ Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
3970 SW Archer Rd
Gainesville FL 32608
- (b) Erik Eklund
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
3909 East Torchlake Dr.
The Villages, FL 32163
3. 07/25/2017
Date of filing/registration in Florida
4. L17000158335
Document number

5. (a) Erik C. Eklund
Registered Agent and Registered Office shown on the records of the Florida Dept. of State;

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3909 East Torchlake Drive
The Villages, FL 32163

- (b) Erik C. Eklund
Enter name of NEW Registered Agent and/or NEW Registered Office address:

3909 East Torchlake Drive
NEW Registered Office Address:
The Villages, FL 32163

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.

Erik Eklund (MGR)
Signature of a member or authorized representative of a member

Erik C. Eklund (MGR)
Printed or typed name of signee

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Erik Eklund (MGR)
Signature of Registered Agent