117000215305

(Requestor's Name)		
(Address)		
(Address)		
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
,		
·		
		!

Office Use Only



800305384358

11/08/17--01016--017 **25.00

18 MAR 26 PH 12: 49
SECRET SECRETARIORDA

O SIMMONS MAR 3 0 2018



November 13, 2017

PATRICIA CASWALL 140GREENFIELD RD WINTER HAVEN, FL 33884

SUBJECT: AMERICA'S FAVORITE COUPON BOOK USA, LLC

Ref. Number: L17000215305

We have received your document for AMERICA'S FAVORITE COUPON BOOK USA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 817A00022853

RECEIVED

OBPARTMENT OF STATE

UNISION OF CORPORATION

TALLAHASSEE, FLORIDA

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: AMERICA'S FAVORITE COUPON BODY USA 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:

PATRICIA CASMALL

Name of Person

AMERICA'S FAVORITE COUPAL BOOK LLC

Firm/Company

140 GREENFIELD ROAD

Address

LINTER HAVEN FL 33884

City/State and Zip Code

PATC. AFCB C GMAIL. CON

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

For further information concerning this matter, please call:

MARY A. FREEMAY FO at (A07) 230-5146

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

Q \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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: Access	Favorite Coupon Book USA
2. (a)	(b)
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
140 Greenfield Rdi	140 Greenfield Rd.
Winter Haven, FL. >3884	Winter Haven FL 3388)
10-17-17	L17000 215 305
3. Date of filing/registration in Florida 4.	Document number
5. (a) Pat Caswall	
Registered Agent and Registered Office shown on the records of the Flo	orida Dept. of State:
Registered Office Address MUST BE FLORIDA STREET ADDR	ESSO & ®
140 Greenfield Road	
Winter Haven FL 3	33884 SE N F
(6) PATRICIA CASWALL	
Enter name of NEW Registered Agent and/or NEW Registered Offic	e address: Sec. 75
140 GRENFIELD ROAD	1 1 1 1 1 1 1 1 1 1
NEW Registered Office Address:	<u>.</u> 34
, FL	
If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the the articles of organization or the operating agreement of the limit	registered office and the business office of the registered y company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided in ted liability company.
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfect the obligations of my position as registered agent as provided for to merely reflect a change in the registered office address, I hereb notified injuriting of this change.	act in this capacity. I further agree to comply with the ormance of my duties, and I am familiar with and accept in Chapter 605, F.S. Or, if this document is being filed by confirm that the limited liability company has been
Signature of Ragistered Agent	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00