

L17000221 813

(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



100324532831

02/13/19--01010--016 **25.00

FILED
19 MAR 11 AM 9:28
TALLAHASSEE, FLORIDA

MAR 12 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2019

SUSAN C ROOD
32578 NICEVILLE PROPERTY MANAGEMENT LLC
4534 HIGHWAY 20 EAST
NICEVILLE, FL 32578

SUBJECT: 32578 NICEVILLE PROPERTY MANAGEMENT LLC
Ref. Number: L17000221813

We have received your document for 32578 NICEVILLE PROPERTY MANAGEMENT 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 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.

Shelia H Young
Regulatory Specialist II

Letter Number: 019A00003470

RECEIVED

2019 MAR 11 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FL

Attached

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 32578 Niceville Property Managment, 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:

Susan C Rood

Name of Person

32578 Niceville Property Management, LLC

Firm/Company

4534 Highway 20 East

Address

Niceville, FL 32578

City/State and Zip Code

32578Rentals@gmail.com

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

For further information concerning this matter, please call:

Susan C Rood at (_____) 850-855-7411

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

☐ \$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: 32578 Niceville Property Management, LLC

2. (a) _____ (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)

10/25/2017

L17000221813

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

5. (a) Jeffrey D Adamson
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) Jeffery D Adamson
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

_____, FL _____

FILED
19 MAR 11 AM 9:29
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.

Susan C. Rood
Signature of a member or authorized representative of a member

Susan C. Rood
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.

Jeffery D Adamson
Signature of Registered Agent

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