

L17000225158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

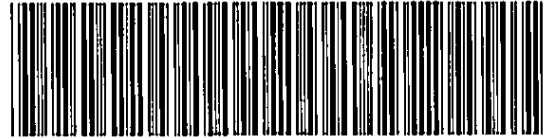
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SECRETARY OF STATE
TALLAHASSEE, FL

10-26-18
FA CAG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fantasy House Publishing
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:

Alexandra Coleman
Name of Person

Fantasy House Publishing
Firm/Company

7441 Albany Road
Address

Fort Myers, FL, 339167
City/State and Zip Code

Alexandra.L.Coleman@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexandra at (941) 284-9476
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

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.

2. (a) ~~(b)(7)(C), (b)(7)(D), (b)(7)(F), (b)(7)(G), (b)(7)(H), (b)(7)(I), (b)(7)(J), (b)(7)(K), (b)(7)(L), (b)(7)(M), (b)(7)(N), (b)(7)(O), (b)(7)(P), (b)(7)(Q), (b)(7)(R), (b)(7)(S), (b)(7)(T), (b)(7)(U), (b)(7)(V), (b)(7)(W), (b)(7)(X), (b)(7)(Y), (b)(7)(Z)~~ (b) _____

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

7441 Albany Road
Fort Myers, FL, 33967

L1706n225158

4. Document number

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding Oak Court A
Tampa, FL 33612

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

7441, Albany Road
Fort Myers FL 33967

Signature of a member or authorized representative of a member

Alexandra Coleman
Printed or typed name of signee

Grant Carr
Signature of Registered Agent

INHS18 (2/14)