

L17000241828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

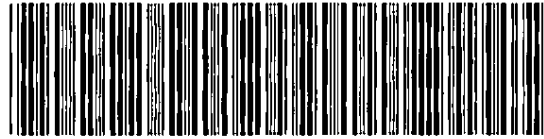
Special Instructions to Filing Officer:

2017 DEC -4 AM 10:37

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TALLAHASSEE, FLORIDA

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DEC 19 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2017

CLARK WRIGHT
2895 NE 32ND ST, APT 307
FT LAUDERDALE, FL 33306

SUBJECT: AUTONOMOUS SOLUTIONS, LLC
Ref. Number: L17000241828

2017 DEC 19 AM 10:24
MAIL ROOM

We have received your document for AUTONOMOUS SOLUTIONS, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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

Octavia L Simmons
Regulatory Specialist II

Letter Number: 217A00024640

Revision Enclosed

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Autonomous Solutions, 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:

Clark Wright

Name of Person

Autonomous Solutions, LLC

Firm/Company

2895 NE 32nd St. Apt. 307

Address

Fort Lauderdale, FL 33306

City/State and Zip Code

clark.wright32@me.com

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

For further information concerning this matter, please call:

Clark Wright at (954) 802-2600
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: Autonomous Solutions, LLC

2. (a) Autonomous Solutions, LLC (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

2895 NE 32nd St. # 307

Fort Lauderdale, FL 33306

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

11/27/2017

L17000241828

3. Date of filing/registration in Florida

4. Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC.

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

UNITED STATES CORPORATION AGENTS, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

13302 WINDING OAK COURT A

TAMPA, FL 33612

(b) Clark Wright

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

Clark Wright

NEW Registered Office Address:

2895 NE 32nd St. #307

Fort Lauderdale, FL 33306

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.

[Signature]
Signature of a member or authorized representative of a member

Clark Wright

Printed or typed name of signer

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.

[Signature]
Signature of Registered Agent

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

FILING FEE: \$25.00