

L17000259868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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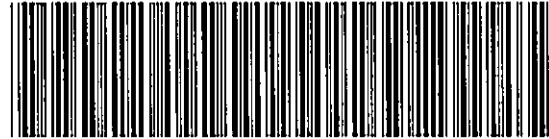
(Business Entity Name)

(Document Number)

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18 NOV -9 PM 1:00
STATE OF FLORIDA
TALLAHASSEE

K. SAIY

NOV 28 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Best Home Views, 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:

Dan Colley
Name of Person

Best Home Views, LLC
Firm/Company

3331 Bowers Ln.
Address

Jacksonville, FL 32257
City/State and Zip Code

dancoolley@att.net
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Dan Colley at (904) 322-3335
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: Best Home Views, LLC

2. (a) 3331 Bowers Ln.

Principal office address of limited liability company:

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

Jacksonville, FL 32257

(b) 3331 Bowers Ln.

Mailing address of limited liability company:

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

Jacksonville, FL 32257

3. 12/21/2017

Date of filing/registration in Florida

4. L17000259868

Document number

5. (a) Paracorp Incorporated
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

155 Office Plaza Dr.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1st Floor

Tallahassee, FL 32301

(b) Dan Colley
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

3331 Bowers Ln

NEW Registered Office Address:

Jacksonville, FL 32257

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18 NOV -9 PM 1:00
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.

Carol Colley
Signature of a member or authorized representative of a member

Carol Colley
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.

Dan Colley
Signature of Registered Agent