

L18000061248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

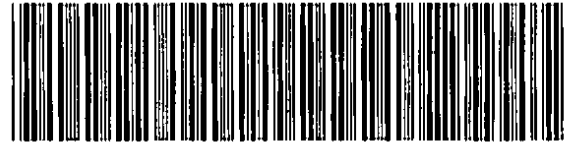
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600326490006

US/25/19--01014--005 \*\*35.00

APPROVED  
AND  
FILED  
2019 APR 15 AM 11:36  
CLERK OF STATE  
TALLAHASSEE, FL 32301

T.G.  
4/16/19

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ITLC, 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:

ANNA-CHARLOTTE HANDLER  
Name of Person

ITLC, LLC  
Firm/Company

379 Rio Del Norte Rd  
Address

ST. AUGUSTINE, FL. 32095  
City/State and Zip Code

rainbowbridge84@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna-Charlotte Handler at ( 808 ) 346-7880  
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

APPROVED  
AND  
FILED  
2019 APR 15 AM 11:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 3, 2019

ANNA-CHARLOTTE HANDLER  
379 RIO DEL NORTE ROAD  
SAINT AUGUSTINE, FL 32095

SUBJECT: ITLC, LLC  
Ref. Number: L18000061248

APPROVED  
AND  
FILED

2019 APR 15 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FL 32314

We have received your document for ITLC, LLC and your check(s) totaling \$33.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6052.

Tacarri K Glass  
Regulatory Specialist II

Letter Number: 319A00006650

4/10/19

TWIMC:

Please send us a refund  
check of \$1000 to:

Anna-Charlotte Handler  
379 RIO DEL NORTE RD  
ST AUGUSTINE, FL  
32095

Thank you, Anna-Charlotte Handler

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

2019 APR 15 PM 3:17

**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: ITLC, LLC

2. (a) 379 RIO DEL NORTE RD, ST AUGUSTINE, FL (b) ← (same)  
Principal office address of limited liability company: 32095 Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

379 RIO DEL NORTE RD ← (same)  
ST. AUGUSTINE, FL 32095

3. 3-8-18 Date of filing/registration in Florida 4. 418000061248 Document number

5. (a) UNITED STATES CORPORATION AGENTS, LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 WINDING OAK COURT  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33612

(b) ANNA-CHARLOTTE HANDLER  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

379 RIO DEL NORTE RD  
NEW Registered Office Address:

ST. AUGUSTINE, FL 32095

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.

Anna-Charlotte Handler  
Signature of a member or authorized representative of a member

ANNA-CHARLOTTE HANDLER  
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.

Anna-Charlotte Handler  
Signature of Registered Agent

APPROVED  
AND  
FILED  
2019 APR 15 AM 11:37  
SECRETARY OF STATE  
TALLAHASSEE, FL 09111