

# L18 000068952

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

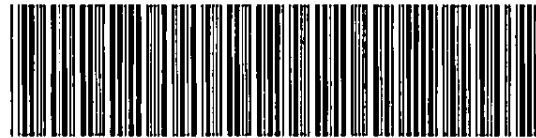
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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TALLAHASSEE, FLORIDA

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JUN 13 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 22, 2019

SENOVIA THOMAS  
931 VILLAGE BLVD, STE 905278  
C/O READ RIGHT LLC  
WEST PALM BEACH, FL 33409-7

SUBJECT: UTM PUBLISHING, LLC  
Ref. Number: L18000068952

We have received your document for UTM PUBLISHING, 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) 245-6051.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 219A00010434

RECEIVED

JUN 10 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UTM PUBLISHING, 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:

SENORIA THOMAS  
Name of Person

READ RIGHT, LLC  
Firm/Company

90931 VILLAGE BLVD STE 905218  
Address

WEST PALM BEACH, FL 33409  
City/State and Zip Code

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

For further information concerning this matter, please call:

SENORIA THOMAS at ( 561 ) 577-4147  
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: UTM PUBLISHING, LLC

2. (a) UTM P (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)

41800 NORTH CONGRESS AVENUE D101  
WEST PALM BEACH, FL 33407

3. March 01, 2019 4. 118000068952  
Date of filing/registration in Florida Document number

5. (a) SENORIA R. THOMAS  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

READ RIGHT, LLC  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

90931 VILLAGE BLVD Ste 905278  
WEST PALM BEACH, FL 33409

(b) READ RIGHT, LLC  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

READ RIGHT  
NEW Registered Office Address:

90931 VILLAGE BLVD Ste 905278  
WEST PALM BEACH, FL 33409

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.

AMBR  
Signature of a member or authorized representative of a member

DI'JHANE TURNER  
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.

Senoria R. Thomas  
Signature of Registered Agent

FILED  
JUN 10 PM 12:19  
19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA