

LIB000102906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

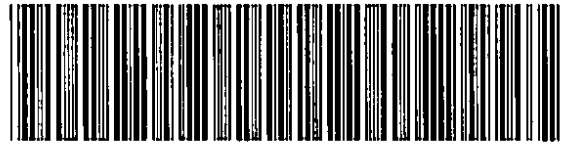
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2018 MAY 21 AM 4:30
CLERK OF SUPERIOR COURT
TALLAHASSEE FLORIDA

FILED

MAY 23 2018
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANCIENT ASTRONAUT LNK 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:

CANDICE MEYERS
Name of Person

ANCIENT ASTRONAUT LNK LLC
Firm/Company

9024 HOGANS BND.
Address

TAMPA, FL 33647
City/State and Zip Code

CANDICENMEYERS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER SCOTT at (407) 591-0837
Name of Person Area Code & Daytime Telephone Number

CANDICE MEYERS at (813) 735-6218

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

INHS18 (2/14)

RYMT ALREADY SUBMITTED THIS
IS A COLLECTION IS ALL.
-CDM JH

NEW Registered Agent.
REC-20
2018 MAY 21 AM 11:02
DEPARTMENT OF
DIVISION OF CORPORATIONS
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2018

CANDICE MEYERS
9024 HOGANS BND
TAMPA, FL 33647

SUBJECT: ANCIENT ASTRONAUT INK LLC
Ref. Number: L18000102906

We have received your document for ANCIENT ASTRONAUT INK 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 person designated as registered agent in the document and the person signing as registered agent must be the same.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 718A00009484

2018 MAY 21 AM 4:50
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

**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: ANCIENT ASTRONAUT INK LLC
2. (a) ANCIENT ASTRONAUT INK LLC (b) ANCIENT ASTRONAUT INK LLC
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
9024 HOGANS BND 9024 HOGANS BND
TAMPA, FL 33647 TAMPA, FL 33647
3. April 24, 2018 4. L18000102906
Date of filing/registration in Florida Document number
5. (a) CHRISTOPHER SCOTT
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
ANCIENT ASTRONAUT INK LLC
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
9024 HOGANS BND
TAMPA FL 33647
- (b) CANDICE MEYERS
Enter name of NEW Registered Agent and/or NEW Registered Office address:
9024 HOGANS BND
NEW Registered Office Address:
ANCIENT ASTRONAUT INK LLC
TAMPA FL 33647

FILED
2018 MAY 21 AM 4:50
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

Christopher Scott
Signature of a member or authorized representative of a member

SCOTT, CHRISTOPHER
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.

MEYERS, CANDICE M.
Signature of Registered Agent

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

FILING FEE: \$25.00