

L18000104442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

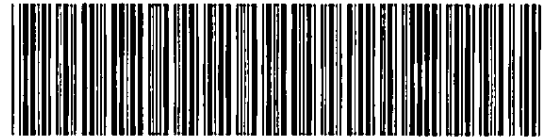
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IDEAL CHOICE HOMES 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:

STEPHANIEE MATTHEWS

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

8861 BARCIN CIRCLE

\_\_\_\_\_  
Address

RIVERVIEW FLORIDA 33578

\_\_\_\_\_  
City/State and Zip Code

DANIELERELLIOTT@YAHOO.COM

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

For further information concerning this matter, please call:

DANIELER WILLIAMS

504

9191106

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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: IDEAL CHOICE HOMES LLC
2. (a) PMB 239, 7028 W WATERS AVE  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
TAMPA FL 33634
- (b) PMB 239, 7028 W WATERS AVE  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
TAMPA FL 33634
3. APRIL 25, 2018  
Date of filing/registration in Florida
4. L18000104442  
Document number
5. (a) THAKORE LAW LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
3030 N ROCKY POINT DR.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
SUITE 150  
TAMPA, FL 33607
- (b) STEPHANIEE MATTHEWS  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
8861 BARCIN CIRCLE  
NEW Registered Office Address:  
RIVERVIEW, FL 33578

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.

Danieler Williams DANIELER WILLIAMS  
Signature of a member or authorized representative of a member 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.*

[Signature]  
Signature of Registered Agent