

118000130637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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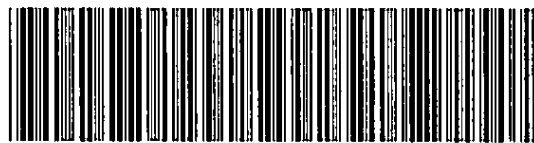
(Business Entity Name)

(Document Number)

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MAY 16 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Luellen Projects, 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:

Kim Luellen

Name of Person

Luellen Projects, LLC

Firm/Company

1133 Astoria Lane

Address

Peachtree City, Georgia 30269

City/State and Zip Code

kimluellen3@gmail.com

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

For further information concerning this matter, please call:

Kim Luellen

Name of Person

904

465-3567

at (_____) _____

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

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REGISTRY
DIVISION
TALLAHASSEE, FLORIDA

**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: Luellen Projects, LLC

2. (a) Kim Luellen (b) Kim Luellen

Principal office address of limited liability company:

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

3327 Post Street

Jacksonville, FL 32205

Mailing address of limited liability company:

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

1133 Astoria Lane

Peachtree City, Ga 30269

05/24/18

L18000130637

3. Date of filing/registration in Florida

4. Document number

5. (a) United States Corp Agents, Inc

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1302 Winding Oak Court Suite A

Tampa, FL 33612

(b) Jefferey Morris

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

2064 Park Street

Jacksonville, FL 32204

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.

Kim Luellen
Signature of a member or authorized representative of a member

Kim Luellen

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.

Jefferey Morris
Signature of Registered Agent

APPROVED
AND
FILED

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