

LE000116049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

W.F

*JKS
9-21-18*



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2018

PAUL H TEMPLETON
4342 PEBBLE BROOK DR
JACKSONVILLE, FL 32224 US

SUBJECT: BLUE EYES YOGA, LLC
Ref. Number: L18000166049

We have received your document for BLUE EYES YOGA, 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):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the ☒ corrected original and one ☒ copy of 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.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 218A00017118

2018 SEP 17 PM 3:43

*You need the amendment form to add
in the Authorized person Detail*

www.sunbiz.org

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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Blue Eyes Yoga 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:

Paul H Templeton
Name of Person

Blue Eyes Yoga llc
Firm/Company

4342 Pebble Brook Drive
Address

Jacksonville, FL 32224
City/State and Zip Code

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

For further information concerning this matter, please call:

Paul Templeton at (904) 226-7597
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: Blue Eyes Yoga llc
2. (a) 4342 Pebble Brook Drive
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Jacksonville, Florida 32224
- (b) _____
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. 7/9/2018 Date of filing/registration in Florida
4. L18000166049 Document number

5. (a) Paul H Templeton
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4342 Pebble Brook Drive

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Jacksonville, FL 32224

- (b) Deborah M Templeton
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

_____, FL _____

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.

Paul H Templeton
Signature of a member or authorized representative of a member

Paul H Templeton
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.

Deborah M Templeton
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
2018 SEP 17 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FL