

L18000 191 356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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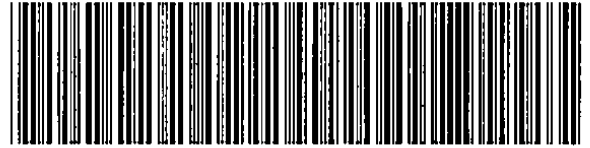
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 15 2019
CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANCIENT CITY ESTATE SALES, 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:

KATHERINE EODICE
Name of Person

ANCIENT CITY ESTATE SALES, LLC
Firm/Company

52 TUSCAN WAY, #202-185
Address

ST. AUGUSTINE, FL 32092
City/State and Zip Code

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

For further information concerning this matter, please call:

KATHERINE EODICE at (904) 878-7355
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

2010 AUG 12 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF 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 CITY ESTATE SALES, LLC

2. (a) _____
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

52 TUSCAN WAY, #202-185

ST. AUGUSTINE, FL 32092

(b) _____
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

52 TUSCAN WAY, #202-185

ST. AUGUSTINE, FL 32092

3. 08/09/2018
Date of filing/registration in Florida

4. L18000191356
Document number

5. (a) KATHERINE MIDGETT
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

52 TUSCAN WAY #202-185
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ST. AUGUSTINE, FL 32092

(b) KATHERINE EODICE
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

52 TUSCAN WAY, #202-185
NEW Registered Office Address:

ST. AUGUSTINE, FL 32092

_____, 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.

Katherine Midgett 07/12/2019
Signature of a member or authorized representative of a member

KATHERINE MIDGETT
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.

Katherine Eodice 07/12/2019
Signature of Registered Agent