

218000 193063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

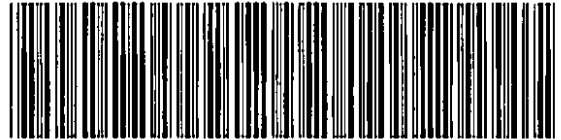
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900317431329

08/27/18--01031--006 \*+25.00

FILED  
18 AUG 27 AM 8:32  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TLC Compassionate Celebrant of Life  
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:

Patricia LaRose  
Name of Person

TLC Compassionate Celebrant of Life  
Firm/Company

999 Everest Road  
Address

Venice, FL 34293  
City/State and Zip Code

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

FILED  
18 JUN 27 AM 8:32  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Pat LaRose at ( 941 ) 232-8208  
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: TLC Compassionate Celebrant of Life

2. (a) 999 Everest Rd. (b) 999 Everest Rd.

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

Venice, FL 34293

Venice, FL 34293

8-13-18

L18000193063

3. Date of filing/registration in Florida

4. Document number

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

960 Cypress Ave. Venice, FL 34285

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

\_\_\_\_\_, FL \_\_\_\_\_

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

999 Everest Rd.

**NEW Registered Office Address:**

Venice FL 34293

Venice, FL 34293

FILED  
18 JUN 27 AM 8:32  
TALLAHASSEE, FLORIDA

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.

Patricia LaRose  
Signature of a member or authorized representative of a member

Patricia LaRose  
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.

Patricia LaRose  
Signature of Registered Agent