

L18000203718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

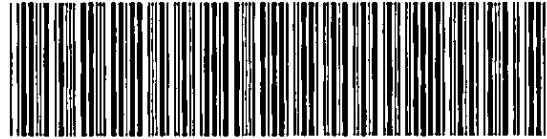
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900317641129

10/24/18--01018--028 **25.00

2018 OCT 15 6:10:24
MILLIGAN
OCT 30 2018

M. MILLIGAN
OCT 30 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Coast Legacy Group 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:

Kathy Mathews-Glenn

Name of Person

Firm/Company

1500 Seton Place

Address

Fleming Island, FL 32003

City/State and Zip Code

kmg@glennplanning.com

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

For further information concerning this matter, please call:

Kathy Mathews-Glenn

904-529-5121

Name of Person

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

2018 SEP -7 AM 10:05

NOT RECORDED

NO-\$



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2018

KATHY MATHEWS-GLENN
1500 SETON PLACE
FLEMING ISLAND, FL 32003

SUBJECT: FIRST COAST LEGACY GROUP LLC
Ref. Number: L18000203718

We have received your document for FIRST COAST LEGACY GROUP LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return 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.

Michelle Milligan
Senior Section Administrator

Letter Number: 618A00019791

2018 OCT 15 AM 10:16

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: First Coast Legacy Group LLC

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 200 W Forsyth Street Ste 600 Jacksonville, FL 32202 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 200 W Forsyth Street Ste 600 Jacksonville, FL 32202

3. Date of filing/registration in Florida: 08/24/2018 4. Document number: L18000203718

5. (a) Kathy Mathews-Glen Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1500 Seton Place Fleming Island, FL 32003

(b) Kathy Mathews-Glenn Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address: 1500 Seton Place Fleming Island, FL 32003

2018 OCT 15 1:10:24

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.

Signature of a member or authorized representative of a member: Kathy Mathews-Glenn Printed or typed name of signee: Kathy Mathews-Glenn

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 of Registered Agent: Kathy Mathews-Glenn