L18000265486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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RA Change

MAR 25 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FRUIT COVE VILLAGE, 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:

Victoria L. Bauer
Name of Person

FRUIT COVE VILLAGE, LLC
Firm/Company

1237 Cunningham Creek Drive
Address

St. Johns, Florida 32259
City/State and Zip Code

Victoria.bauer96@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Victoria L. Bauer at (904) 429-2912
Name of Person — Area Code & Daytime Telephone Number

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DIVISION OF CORPORATIONS
2014 FEB 25 PM 6:34

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

INHS18 (2/14)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 17, 2019

VICTORIA L BAUER
FRUIT COVE VILLAGE, LLC
1237 CUNNINGHAM CREEK DRIVE
ST JOHNS, FL 32259

SUBJECT: FRUIT COVE VILLAGE, LLC
Ref. Number: L18000268480

We have received your document for FRUIT COVE VILLAGE, 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):

You must complete the actual application to change the registered agent information.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 819A00025592

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: FRUIT COVE VILLAGE, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1237 Cunningham Creek Drive
Saint Johns, Florida 32259

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
1237 Cunningham Creek Drive
Saint Johns, Florida 32259

3. Date of filing/registration in Florida: November 16, 2018

4. Document number: L18000268480

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Victoria L. Bauer

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
1237 Cunningham Creek Drive
Saint Johns, FL 32259

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Rebeka L. Martin

NEW Registered Office Address:
12724 Gran Bay Parkway W, Suite 410
Jacksonville, FL 32258

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DIVISION OF CORPORATIONS
20 MAR 25 PM 6:34

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.

Victoria L Bauer
Signature of a member or authorized representative of a member

Victoria L. Bauer
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.

Rebeka L. Martin
Signature of Registered Agent

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

INHS18 (2/14)