

L18000291957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

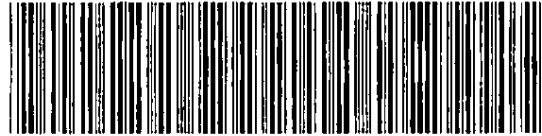
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2019 DEC -5 AM 9:23

R. WHITE

DEC 06 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 21, 2019

CYNTHIA E. GOODMAN  
510 CHINKAPIN CT  
GREEN COVE SPRINGS, FL 32043

SUBJECT: ELGIN MEMORIAL, LLC  
Ref. Number: L18000291957

We have received your document for ELGIN MEMORIAL, 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):

The document submitted does not meet the filing requirements of this office. please see the enclosed 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.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 519A00023820

49 DEC -5 11 31 35

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ELGIN MEMORIAL, 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:

Cynthia E. Goodman

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

510 Chinkapin Court

\_\_\_\_\_  
Address

Green Cove Springs, FL 32043

\_\_\_\_\_  
City/State and Zip Code

cindyelgingoodman@att.net

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

For further information concerning this matter, please call:

Cynthia E. Goodman

904

707-1005

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Elgin Memorial, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

510 Chinkapin Court

510 Chinkapin Court

Green Cove Springs, FL 32043

Green Cove Springs, FL 32043

12/20/2018

L18000291957

3. Date of filing/registration in Florida

4. Document number

5. (a) Bryan Duke

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2618 Centennial Place

Tallahassee, FL 32308

(b) Cynthia E. Goodman

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

510 Chinkapin Court

Green Cove Springs, FL 32043

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.

Cynthia E. Goodman

Signature of a member or authorized representative of a member

Cynthia E. Goodman

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.*

Cynthia E. Goodman

Signature of Registered Agent

2019 DEC -5 AM 9:23