

L1900000 28466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

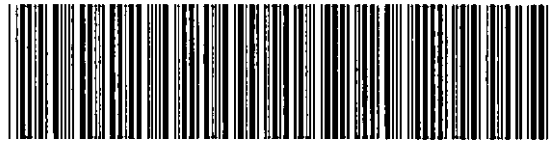
(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Business by Nora 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:

Nora Ross

Name of Person

Business by Nora LLC

Firm/Company

5102 Siesta Del Rio Dr

Address

Jacksonville FL 32258

City/State and Zip Code

noraross307@gmail.com

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

For further information concerning this matter, please call:

Nora Ross

Name of Person

480

221-5735

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

INHS18 (2/14)

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DIVISION OF CORPORATIONS  
19 MAY -2 PM 12:41



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 23, 2019

NORA ROSS  
BUSINESS BY NORA LLC  
5102 SIESTA DEL RIO DR  
JACKSONVILLE, FL 32258

SUBJECT: BUSINESS BY NORA LLC  
Ref. Number: L19000028466

We have received your document for BUSINESS BY NORA LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

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: 519A00005772

RECEIVED

2019 MAY -2 PM 12:01

SECTION 101  
TALLAHASSEE, FL

**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: Business By Nora 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**)

5102 Siesta Del Rio Dr

5102 Siesta Del Rio Dr

Jacksonville, FL 32258

Jacksonville, FL 32258

1-28-2019

L19000028466

3. Date of filing/registration in Florida

4. Document number

5. (a) United States Corporation Agents

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

13302 Winding Oaks Ct Suite A

Tampa, FL 33612

(b) Nora Ross

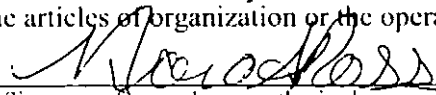
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

5102 Siesta Del Rio Dr

Jacksonville, FL 32258

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.

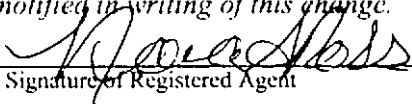


Signature of a member or authorized representative of a member

Nora Ross

Printed or typed name of signer

*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

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

FILING FEE: \$25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 MAY -2 PM 12:41