

L19 000070481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

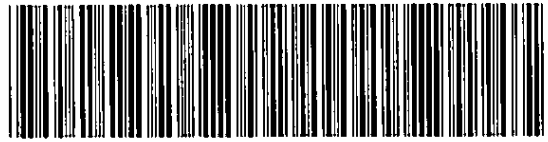
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 FEB -6 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
FEB 10 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 23, 2020

JOHN WALSH
15060 CHINOOK WAY
PORT CHARLOTTEE, FL 33981

SUBJECT: TUDOR 203, LLC
Ref. Number: L19000070481

We have received your document for TUDOR 203, 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 registered agent must sign accepting the designation.

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 320A00001606

2020 FEB -6 AM 10:55

FEB 11 11:01

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TUDOR 203, 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:

JOHN T WALSH

Name of Person

TUDOR 203, LLC

Firm/Company

15060 CHINOOK WAY

Address

PORT CHARLOTTE, FL 33981

City/State and Zip Code

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

For further information concerning this matter, please call:

JOHN T WALSH _____ 570 _____ 854-7496

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: TUDOR 203, LLC

2. (a) 15060 CHINOOK WAY
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
PORT CHARLOTTE
FL, 33981

(b) 15060 CHINOOK WAY
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
PORT CHARLOTTE
FL, 33981

3. 03/13/2019 Date of filing/registration in Florida

4. L19000070481 Document number

5. (a) JOSEPHINE WALSH
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
15060 CHINOOK WAY
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
PORT CHARLOTTE, FL 33981

(b) MARIA WALSH
Enter name of NEW Registered Agent and/or NEW Registered Office address:
15060 CHINOOK WAY
NEW Registered Office Address:
PORT CHARLOTTE, FL 33981

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TALLAHASSEE, FL

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.

John T Walsh Signature of a member or authorized representative of a member

JOHN T WALSH 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.

Maria Walsh Signature of Registered Agent

Maria Walsh Printed or typed name of signee

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