L19000082226

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 10, 2019

SPENCER R. CRANDALL 26 DOMINICA DRIVE ENGLEWOOD, FL 34223

SUBJECT: ONEIDA DEVELOPMENT, LLC

Ref. Number: L19000082226

TANGE OF THE PARTY OF THE PARTY

APPROVED : AND : FILED

We have received your document for ONEIDA DEVELOPMENT, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 019A00009466

RECEIVED MAY 28 2019

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJ	ECT:Oneida_Development Name of Lin	LLC nited Liability Company		
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Office Chan	nge and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter	r to the following:		
	Spencer R. Crandall Name of Person			
	Oneida Development, LLC. Firm/Company	FIL 2019 MAY 28	· ·	
	26 Dominica Drive			
	Address	PH 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3:		
	Englewood, FL 34223	ို် မှု		
	City/State and Zip Code			
	1-110-mail o	20.5		
	spencer.r.crandall@gmail.c E-mail address: (to be used for future annual rep	ort notification)		
	urther information concerning this matter, please			
	Spencer R. Crandall	631 831-5328		
	Name of Person	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	S55 Filing Fee & Certified Copy		

INHS18 (2/14)

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.

(10) 10	nt.		
I. N	ame of the limited liability company: Oneida	Devel	lopment, LLC
2 (2)	26 Dominica Drive	(b) _	26 Dominica Drive
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*/-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Englewood, FL 34223		Englewood, FL 34223
	03/25/19		L19000082226
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Christopher Finley		
J. (L	Registered Agent and Registered Office shown on the records of the	he Florida D	Dept. of State:
	160 SE 6th Avenue		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	201
	Suite B2		
	Delray Beach ,FL	3348	—————————————————————————————————————
(b	Spencer R. Crandall		P 3: 0VE
Į, O,	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	ress: 3: 3: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5: 5:
	26 Dominica Drive		· •
	NEW Registered Office Address:		
			
	Englewood, FL	,342	23
signal was/vithe and Signal I her provide the or to me	limited liability company is not organized under the lay hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the mature of a member or authorized representative of a member reby accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete bligations of my position as registered agent as provide arely reflect a change in the registered office address, I ded in writing of this change.	ability confirmed limited limi	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and acceptions of the complete of the change of the change of the change of the change of the capacity. If this document is being filed
Sino	Sinte of Registered Agent		
JIKIL.	unte et voltatoren v.Rein		