

L190000 87849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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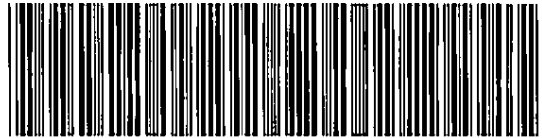
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: P & G Legacy, 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:

Cheryl Nettles

Name of Person

Firm/Company

30 Oak Tree Drive

Address

New Smyrna Beach, FL 32169

City/State and Zip Code

canettles@hotmail.com

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

For further information concerning this matter, please call:

Cheryl Nettles

Name of Person

at (386)

679-6467

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: P & G Legacy LLC
2. (a) 30 Oak Tree Drive
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
- (b) 30 Oak Tree Drive
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. 3-29-2019 Date of filing/registration in Florida
4. L19000087849 Document number

5. (a) Marian Nettles
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
27 Oak Tree Drive
New Smyrna Beach, FL 32169

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

The Nettles Revocable Trust Agreement dated 8-23-1985

NEW Registered Office Address:

27 Oak Tree Drive
New Smyrna Beach, FL 32169

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.

Marian Nettles
Signature of a member or authorized representative of a member

Marian Nettles
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.

Cheryl Nettles
Signature of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Florida
Department of State

I certify the attached is a true and correct copy of the Articles of Organization of P & G LEGACY LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on March 29, 2019 effective April 01, 2019, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L19000087849.

Authentication Code: 190403125649-300327178753#1

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Third day of April, 2019