

L19000098492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

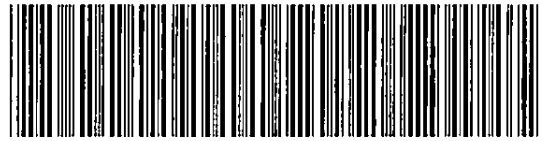
(Business Entity Name)

(Document Number)

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2024 MAY 28 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2024 MAY 28 PM 12:53

TALLAHASSEE, FLORIDA

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

PICK UP: BROOK 5/28

CERTIFIED COPY \_\_\_\_\_

XX PHOTOCOPY \_\_\_\_\_

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XX FILING \_\_\_\_\_

CHANGE OF RA

1. MARTHA FRANCES PLANTATION LLC

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Martha Frances Plantation 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:

Katie Bush

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

CCS Legal

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

908 Pompton Ave Unit A2

\_\_\_\_\_  
Address

Cedar Grove NJ 07009

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

katie.bush@ccslegal.com

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

For further information concerning this matter, please call:

Katie Bush

804

304-3653

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

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

\_\_\_\_\_  
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: Martha Frances Plantation LLC

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

301 EAST MARKET STREET SUITE 301

301 EAST MARKET STREET SUITE 301

LOUISVILLE, KY 40202

LOUISVILLE, KY 40202

04/17/2019

L19000098492

3. Date of filing/registration in Florida

4. Document number

5. (a) LAMB, MARION D. III

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

LAMB, MARION D. III

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

217 PINWOOD DRIVE

TALLAHASSEE, FL 32303

(b) CCS Global Solutions, Inc.

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

CCS Global Solutions, Inc.

**NEW** Registered Office Address:

155 Office Plaza Drive, 1st Floor

TALLAHASSEE, FL 32301

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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.

/s/ Toni Capito

Toni Capito

Signature of a member or authorized representative of a member

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.*

/s/ Joanne Caswell

Signature of Registered Agent