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(((H210000438403)))



H210000438403ABCW

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: annettejones322@gmail.com

## LLC REGISTERED AGENT CHANGE PRIME COURIER SERVICES LLC

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## COVER LETTER

	gistration Section vision of Corporations				
SUBJECT	PRIME COURIER SERVICE	ES LLC			
JOBOLE 1		e of Limited L	ability Company		
Dear Sir or	r Madam:				
The enclos	ed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.		
Please retu	rm all correspondence concerning thi	s matter to the	following:		
Annette .	Jones				
	Name of Person		_		
PRIME C	COURIER SERVICES LLC				
	Firm/Company		<del></del>		
77516 Lu	umber Creek Blvd				
	Address		<del></del>		
Yulee, Fl	L 32097				
	City/State and Zip Code		_		
annettejo	ones322@gmail.com				
E-ma	il address: (to be used for future ann	ual report notif	ication)		
For further	information concerning this matter,	please call:			
Kathy Cla	ark	800 at (	567-4397		
	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		Rep Div P.C	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
En	closed is a check for the following amount:				
20	\$25 Filing Fee	<b>□</b> \$5	55 Filing Fee & Certified Copy		
INHS18 (2/	14)				

(((H21000043840 3)))

## 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. N	ame of the limited liability company: PRIME COL	JRIER S	SERVICE	SLLC
(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	·····	··/ <del></del>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	77516 Lumber Creek Blvd		77516	Lumber Creek Blvd
	Yulee, FL 32097		Yulee,	FL 32097
	08/19/2019		L190002	211214
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (a)	Registered Agent and Registered Office shown on the records of	of the Florid	ia Dept. of St	ate:
	NORTHWEST REGISTERED AGENT LLC			
	Registered Office Address (MUST BE FLORIDA STREET) 7901 4TH ST N STE 300	TADDRES	<u>(2)</u>	_
	ST. PETERSBURG	33702	)	_
(b)	Enter name of NEW Registered Agent and/or NEW Registers URS AGENTS, LLC	ed Office a	ddress:	<del>_</del> ,
	NEW Registered Office Address:			_
	3458 LAKESHORE DRIVE			
	STORE BATTER			<del>-</del> -
	TALLAHASSEE, F	L 32312	2	_
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the Authority Jones.	of the reg liability of of the line ie limited	istered officompany, it mited liabili liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.  Anne He Jones Printed or typed name of signee
I here provisi the obli to mere	by accept the appointment as registered agent and a tions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this Lhange.	gree to ac le perforn led for in I hereby c	et in this ca nance of my Chapter 60 confirm tha	pacity. I further agree to comply with the vauties, and I am familiar with and accep 15, F.S. Or, if this document is being filed the limited liability company has been

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

Kathy Clark, Asst. Secretary

Signature of Registered Agent