L20 0000 23698

(Requestor's Name)				
Michael O'Lome				
- 769 24 K Square				
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, ,				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	ECT: Veco Beach Vacation and Name of Limited Lia	Vacant Home Manye	p-16-	.+
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the fo	ollowing:		
_	Name of Person Bosch Vacation and Vocant Horr Firm/Company			
76	9 24# Squere Address	_		
_V	City/State and Zip Code		ે • કેઈએ ત	1: SI 1: SI 1: SI
mn	molono 20 meil. 70 meil-mail address: (to be used for fluure annual report notific	cation)	유	
For fu	ther information concerning this matter, please call:		2: 36	37.10x
<u>M:</u>	Name of Person at (813) 468-2743 Area Code & Daytime Telephone Number		.^.
	Mailing Address:	Street Address:		

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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:

S25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



2020 APR -9 AM IO: 35

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 26, 2020

O'Connor MICHAEL O'CONNER 769 24TH SQUARE VERO BEACH, FL 32962

SUBJECT: VERO BEACH VACATION AND VACANT HOME MANAGEMENT

LLC

Ref. Number: L20000023698

We have received your document for VERO BEACH VACATION AND VACANT HOME MANAGEMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Letter Number: 320A00006692

Diane Cushing Senior Section Administrator

www.sunbiz.org

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.

(Note: MUST BE STREET ADDRESS)	ing address of limited liability company: NOTE: MAY BE POST OFFICE BOX) Beach, Fl 32562
Date of filing/registration in Florida (a) United States Corporation Agents I Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	200023698 cument number
Registered Agent and Registered Office snown on the records of the Profile Bept. of State: Sold Sold Sold State Sold State Sold State Sold Sol	20 APR
(b) Michael Dilannoc Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address:	-9 PH 2: 36
the limited liability company is not organized under the laws of the State of Florida	a, it is hereby confirmed that after the

Michael O'Gonno
Printed or typed name of signee Signature of a member or authorized representative of a member

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.

Signature of Registered Agent