

L70 000078571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

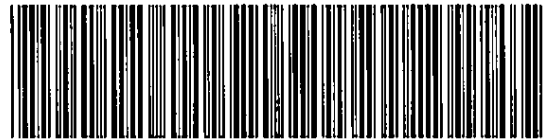
(Business Entity Name)

(Document Number)

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2017-9 APR 10 25

RA Change

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D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palmetto Holdings of Northeast Florida, 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:

Paul Salzer

Name of Person

Palmetto Holdings of Northeast Florida, LLC

Firm/Company

1404 Tiber Avenue

Address

Jacksonville, Florida 32207

City/State and Zip Code

pesalzer@gmail.com

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

For further information concerning this matter, please call:

Paul Salzer

904

568-9181

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

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STATE
DIVISION OF CORPORATIONS
2018-09-10 10:25

**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: Palmetto Holdings of Northeast Florida, LLC
2. (a) Palmetto Holdings of Northeast Florida, LLC
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
1404 Tiber Avenue
Jacksonville, FL 32207
- (b) Palmetto Holdings of Northeast Florida, LLC
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
1404 Tiber Avenue
Jacksonville, FL 32207
3. March 10, 2020
Date of filing/registration in Florida
4. L20000078571
Document number
5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Business Filings Incorporated
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
1200 South Pine Island Road
Plantation, FL 33324
- (b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Paul Salzer
NEW Registered Office Address:
1404 Tiber Avenue
Jacksonville, FL 32207

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OF FLORIDA
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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.

Caitlin Armstrong
Signature of a member or authorized representative of a member

Caitlin Armstrong

Printed or typed name of signer

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]
Signature of Registered Agent