

L70 0000 80676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

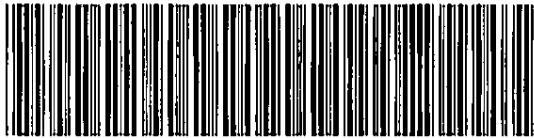
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100350025091

On 10/27/2011, 11:05 AM, "A. J. J." wrote:

FILED
CLERK OF STATE
DEPARTMENT OF REVENUE
20 AUG 14, AM 11:12

V. Smith

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eric's Mobile Repair & Fleet Maintenance, 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:

Eric W. Haines, Jr.

Name of Person

Eric's Mobile Repair & Fleet Maintenance, LLC

Firm/Company

27321 Azen Loop

Address

Brooksville, FL 34602

City/State and Zip Code

ehaines74@gmail.com

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

For further information concerning this matter, please call:

Eric W. Haines, Jr.

352 398-6409
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

FILED
OFFICE OF THE CLERK OF STATE
DIVISION OF CORPORATIONS
20 AUG 14 AM 11:12

**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: Repair Eric's Mobile Repair & Fleet Maintenance, LLC

2. (a) 27321 Azen Loop, Brooksville, FL 34602 (b) 27321 Azen Loop, Brooksville, FL 34602

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

27321 Azen Loop

Brooksville, FL 34602

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

27321 Azen Loop

Brooksville, FL 34602

03/12/2020

L20000080676

3. Date of filing/registration in Florida

4. Document number

5. (a) Eric Haines

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

Eric Haines

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

27321 Azen Loop

Brooksville, FL 34602

(b) Eric W. Haines, Jr.

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

Eric W. Haines, Jr.

NEW Registered Office Address:

27321 Azen Loop

Brooksville, FL 34602

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 AUG 14 AM 11:12

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.

Eric W. Haines, Jr.
Signature of a member or authorized representative of a member

Eric W. Haines, Jr.

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.

Signature of Registered Agent

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The attached name change is to correct the original registered agents name to the name as shown on his Florida driver's license.

The bank is requiring the registered agent name on the LLC documents agree to the name on his Florida driver's license before a bank account can be opened in the name of the LLC.

The attached change of name is required per the bank.
