

L20000 141846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

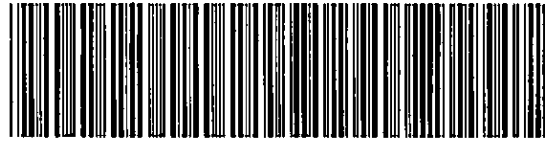
(Business Entity Name)

(Document Number)

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JUN 15 2020

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OFFICE OF CORPORATION  
20 JUN 15 PM 3:50

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JUL 20 2020

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## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Clegg Architect LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Clegg

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

Clegg Architect LLC

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

4156 Crownwood Dr

\_\_\_\_\_  
Address

Jacksonville FL 32216

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

cleggarchitect@gmail.com

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

For further information concerning this matter, please call:

Daniel Clegg

904 5354201  
at ( )

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

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**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

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DIVISION OF CORPORATIONS  
2011 MAY 15 PM 3:58

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20 JUN 15 PM 3:58  
SECRETARY OF STATE  
UNITED STATES OF AMERICA

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**If Changing Registered Agent, Signature of New Registered Agent**

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dr. H. J. ... - Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**