L20 000266774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

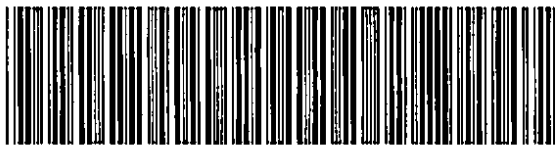
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700355796337

01/06/21--01011--008 **25.00

FEB 13 2021

S. YOUNG

2021 JAN -6 PM 12:19

The Law Office of
LAWRENCE M. BURRELL, JR., P.A.
Attorney and Counselor at Law

Lawrence M. Burrell, Jr.
General Civil Litigator

Paralegal
Pamela Burrell, R.N.

2880 S.E. Downwinds Rd.
Jupiter, Fla. 33478

(561) 747-5705
Facsimile: (561) 747-0352

Email: attorney@lmburrell.com
Website: www.lmburrell.com

December 31, 2020

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Caravan N543TC LLC
Document Number L20000266774
40-0010

Dear Registration Section
Division of Corporations:

We are sending a cover letter and a Statement of Change of Registered Agent with check #1950 in the amount of $25.00 for the Filing fee.

If you have any questions, please do not hesitate to call.

Yours very truly,

Lawrence M. Burrell, Jr.
LMB/prb
Cc: Hubert G. Phipps

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARAVAN N543 TC, 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:

LAWRENCE M BURRELL JR.
Name of Person

LAWRENCE M. BURRELL JR. P.A.
Firm/Company

2290 S.E. DUNWOODS ROAD
Address

TALLAHASSEE FL 32317
City/State and Zip Code

INFO@LMBURRELL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAWRENCE M. BURRELL at (561) 747-5105
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

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0113 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: CARAVAN MISSILE LLC

2. (a) 2880 S.E. Dominoes Road
Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)

Okeechobee, FL 33478

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

3. _____ Date of filing/registration in Florida

4. L20000266774 Document number

5. (a) Robert Hayden
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

3733 N.W. 16th Street
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Ft. Lauderdale, FL 33311

(b) Laurence H. Burnell, Jr.
Enter name of NEW Registered Agent and/or NEW Registered Office address

2880 S.E. Dominoes Road
NEW Registered Office Address

Okeechobee, FL 33478

2021 JAN -6 PM 12:19

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.

_____
Signature of a member or authorized representative of a member

HUBERT G. PHELPS
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 was notified in writing of this change.

_____
Signature of Registered Agent

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

FS605.0113 (2014)