

08/05/2021

10:39 Donna Flemming

(FAX) 239-992-1930

P.001/003

7/22/2021

L21000304/82

Division of Corporations

Florida Department of State (((H21000280758 3)))

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BRENNAN, MANNA AND DIAMOND, P.L.

Account Number : I20050000098

Phone : (239)992-6578

Fax Number : (239)992-9328

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: dmflammang@bmdpl.com

### LLC REGISTERED AGENT CHANGE

#### HISTORIC HERLONG MANSION B&B LLC

Certificate of Status	0
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## COVER LETTER

(((H21000280758 3)))

TO: Registration Section  
Division of Corporations

SUBJECT: HISTORIC HERLONG MANSION B&B 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:

Donna M. Flammang, Esquire

Name of Person

Brennan, Manna & Diamond, P.L.

Firm/Company

8891 Brighton Lane, Suite 112

Address

Bonita Springs, FL 34135

City/State and Zip Code

dmflammang@bmdpl.com

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

For further information concerning this matter, please call:

Donna M. Flammang

at ( 239 )

405-8672

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

(((H21000280758 3)))

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2021 AUG -5 AM 10:17

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# 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: HISTORIC HERLONG MANSION B&B LLC

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

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

JULY 1, 2021

L21000304182

3. Date of filing/registration in Florida

4. Document number

5. (a) AMY MARIE VO

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

104 SEA GROVE MAIN STREET

ST. AUGUSTINE, FL 32080

(b) DONNA M. FLAMMANG

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

BRENNAN, MANNA & DIAMOND, P.L.

NEW Registered Office Address:

8891 BRIGHTON LANE, SUITE 112

BONITA SPRINGS, FL 34135

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.

Kimberly Shore  
Signature of a member or authorized representative of a member

KIMBERLY SHORE

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  
FILING FEE: \$25.00

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SECRETARY OF STATE  
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