

L99000001499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

L99-1499

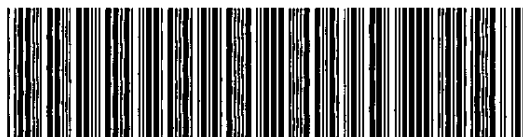
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. C. 11/2009

AUG 11 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEMCO Productions 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:

Lola Alexander
Name of Person

SEMCO
Firm/Company

1130 High tower Tr
Address

ATLANTA GA 30350
City/State and Zip Code

Lola@atlantahomeshow.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lola Alexander at (770) 998-9800
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2009

LOLA ALEXANDER
SEMCO
1130 HIGHTOWER TRAIL
ATLANTA, GA 30350

SUBJECT: SEMCO PRODUCTIONS, L.L.C.
Ref. Number: L99000001499

We have received your document for SEMCO PRODUCTIONS, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current Registered Agent listed in the Statement of Change form does not match our records. (see printout)

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 609A00026299

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: SEMCO PRODUCTIONS LLC

2. (a) Principal office address of limited liability company:



(Note: **MUST BE STREET ADDRESS**)

9550 Regency Sq Blvd
Jacksonville, FL 32225

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

1130 Hightower Tr.
Atlanta GA 30309

3/2/09

3. Date of filing/registration in Florida

4. Document number

L99 0000014

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

Registered Agent:

Peter Johnson

Registered Office Address:

9550 Regency Sq Blvd
Jacksonville, FL 32225

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

11555 Central Parkway
Shirley
Jacksonville, FL 32229

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.

Lola Alexander
Signature of a member or authorized representative of a member

Lola Alexander
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 608, 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.

Peter Johnson
Signature of Registered Agent

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