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T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Carilon land Development, 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:	
Christenson Name of Person	
Echelon IC Firm/Company	
235 Hoird Street South #300	
St. Petersoung, FL 33701 City/State and Zip Code	
Christie @ echelonre. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Christie Christensun at (727) 803-8220 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	

INHS18 (2/14)



June 12, 2014

CHRISTIE CHRISTENSON ECHELON LLC 235 THIRD ST SOUTH #300 ST PETERSBURG, FL 33701

SUBJECT: CARILLON LAND DEVELOPMENT, LLC

Ref. Number: M03000000135

We have received your document for CARILLON LAND DEVELOPMENT, LLC 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 form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Letter Number: 614A00012750

Teresa Brown Regulatory Specialist II

www.sunbiz.org

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: Principal office address of limited liability company: Mailing address of limited liability ompany: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFIC & BOX) 3. Date of filing/registration in Florida 5. (a) ent and Registered Office shown on the records of the F(brida Dept. of State: Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Office Address: If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed hat 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 p ovided in the articles of organization of the operating agreement of the limited liability company. Printed or typed name of signee Ignature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to conply 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