M09000001279

(Requestor's Name)
(Address)
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COVER LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: On Common UC 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:		
Christie Christerson Name of Person	arous.	
Echelon UC Firm/Company		
235 third Street South #300		
St. Petersburg FL 33701 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Person at ()	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	



June 12, 2014

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

SUBJECT: CARILLON COMMON LLC

Ref. Number: M09000001279

We have received your document for CARILLON COMMON 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: 714A00012749

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. 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 OFFICE BOX) 3. of filing/registration in Florida (a) Registered Agent and Registered Office shown on the records of the Morida De (MUST BE FLORIDA STREET ADDRESS) EW 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 or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member 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 conply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wit i and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document i 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