

111000000816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

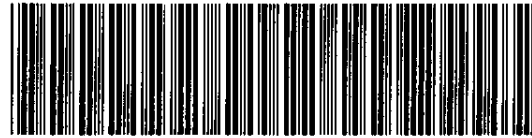
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NOV 21 2011

EXAMINER

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11 NOV 18 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLONIAL VAN LINES 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:

Laura Brandt
Name of Person

Colonial Van Lines LLC
Firm/Company

2000 N STATE RD 7
Address

MARGATE FL 33063
City/State and Zip Code

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

For further information concerning this matter, please call:

Laura Brandt at (954) 958-2236
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

\$35

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2011

LAURA BRANDT
2000 N. STATE ROAD 7
MARGATE, FL 33063

SUBJECT: COLONIAL VAN LINES LLC
Ref. Number: M11000000866

We have received your document for COLONIAL VAN LINES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a 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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 511A00023979

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11 NOV 18 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Colonial Van Lines LLC

2. (a) Principal office address of limited liability company: 128 Willow Ave

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

Somerville, MA 02145

(b) Mailing address of limited liability company: _____

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

2/17/11
3. Date of filing/registration in Florida

M11000000866
4. Document number

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

Registered Agent:

Steven C. Elkin

Registered Office Address:

7805 SW 6TH CT
Plantation FL 33324

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

NEW Registered Agent:

Janise GABCO

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

2000 N STATE RD 7

MARGATE, FL 33063

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.

Janise Gabco
Signature of a member or authorized representative of a member

Janise GABCO
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 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.

Janise Gabco
Signature of Registered Agent

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

FILING FEE: \$25.00