

M12000005004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

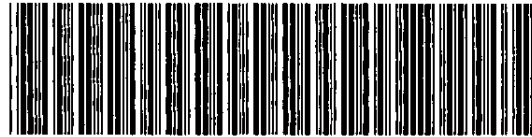
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. SAULSBERRY
EXAMINER

OCT 22 2012

2804 Gateway Oaks Drive #200 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: October 15, 2012

AE: Jody Moua

TO: Florida Department of State

H1080

REFERENCE: 689971

P.O. Box 6327

Tallahassee, FL 32314

FAX:

PLEASE PERFORM THE FOLLOWING:

LINKS BORROWER, LLC

Change of Registered Agent

IN FL

SPECIAL INSTRUCTIONS: Please process on routine and return one plain copy in the enclosed envelope.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

<u>Service Description</u>	<u>Check Number</u>	<u>Name</u>	<u>Amount</u>
Change of Registered Agent	413280	Florida Department of State	\$25

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Jody Moua TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #200 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800) 533-7272

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LINKS BORROWER, 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:

Jody Moua

Name of Person

Paracorp Incorporated

Firm/Company

PO Box 160568

Address

Sacramento, CA 160568

City/State and Zip Code

jmoua@myparacorp.com

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

For further information concerning this matter, please call:

Jody Moua

Name of Person

at (800)

533-7272

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

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2017 OCT 19 AM 8:20
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: LINKS BORROWER, LLC

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

(Note: MUST BE STREET ADDRESS) 925 GARRETT STREET SE SUITE J
Atlanta GA 30316

(b) Mailing address of limited liability company: 925 GARRETT STREET SE

(Note: MAY BE POST OFFICE BOX) SUITE J
ATLANTA GA 30316

08/28/2012 3. Date of filing/registration in Florida M12000005004 4. Document number

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

Registered Agent: INCORP SERVICES INC.

Registered Office Address: 17888 67TH COURT NORTH
LOXAHATCHEE FL 33470 US

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

NEW Registered Agent: Paracorp Incorporated

NEW Registered Office Address: 236 East 6th Avenue
(MUST BE FLORIDA STREET ADDRESS) Tallahassee, FL 32303

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.

Signature of a member or authorized representative of a member

Robert Meyer
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.

Nina Ho, ASST. SECRETARY
Signature of Registered Agent

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