

M12000005637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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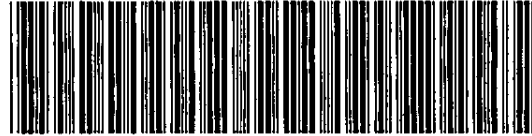
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 23 2016

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EGGERS FL, 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:

NICOLAS SIHA

Name of Person

LEGALINC CORPORATE SERVICES INC.

Firm/Company

17350 STATE HIGHWAY 249

Address

HOUSTON, TX 77064

City/State and Zip Code

SUPPORT@LEGALINC.COM

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

For further information concerning this matter, please call:

NICOLAS SIHA

713

478.1040

at (_____) _____

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

**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.

EGGERS FL, LLC

1. Name of the limited liability company: _____

1516 GALLEON PLACE

2. (a) _____ (b) **1516 GALLEON PLACE**

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

BISMARCK, ND 58504

BISMARCK, ND 58504

10/08/2012

M12000005637

3. Date of filing/registration in Florida

4. Document number

LAVENDER, KYLE

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

USA-RA LLC

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

841 PRUDENTIAL DRIVE 12TH FLOOR

JACKSONVILLE 32207
_____, FL _____

LEGALINC CORPORATE SERVICES INC.

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

5237 SUMMERLIN COMMONS

NEW Registered Office Address:

SUITE 400

FORT MYERS 33907
_____, FL _____

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.

Mike Sals

NICOLAS SIHA

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 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 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.

Mike Sals

Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA