

11300001944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

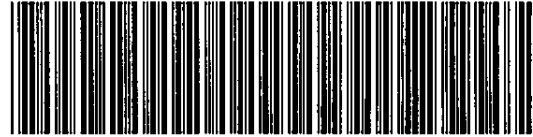
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200293298912

200293298912
12/19/16--01025--011 **43.75

FILED

2017 JAN 12 P 6:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JAN 13 2017



January 10, 2017

Florida Department of State
PO Box 6327
Tallahassee, FL 32314

Subject: Accordant Communications, LLC
Ref. Number M13000001944

To whom it may concern:

Please find enclosed the correct form in order for us remove and replace officers in our company. You received a check from me back in December for \$43.75 to make the changes but it appears we used the incorrect form. I have also included a current Certificate of Existence from the State of Georgia.

Please make these changes so they are reflected in SUNBIZ as soon as possible. If you need anything else from me please do not hesitate to ask.

Best Regards,

A handwritten signature in black ink, appearing to read "Dan L. Himes".

Dan L. Himes
President and Sole Managing Member

FILED
2017 JAN 12 P 6:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2016

DAN HIMES
7295 SW 140 TERRACE
PALMETTO BAY, FL 33158

SUBJECT: ACCORDANT COMMUNICATIONS, LLC
Ref. Number: M13000001944

We have received your document for ACCORDANT COMMUNICATIONS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 916A00027130

FILED
2017 JAN 12 P 6:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Accordant Communications, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dan L. Himes
Name of Person

Accordant Communications, LLC
Firm/Company

7295 SW 140 Terrace
Address

Palmella Bay, FL 33158
City/State and Zip Code

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

2017 JAN 12 P 6:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Dan L. Himes at (305) 807-2788
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 ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Accordant Communications, LLC

Enter new principal office address, if applicable: _____

(Principal office address

MUST BE A STREET ADDRESS)

2774 Carrier Ave

Sanford, FL 32773

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: _____

M13002001944

M13002001944

3. Jurisdiction of its organization: GEORGIA

4. Date authorized to do business in Florida: 2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.") -

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

FILED
2017 JAN 12 P 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
Director	Bonnie Gray Matourck	2800 E League City Parkway #520	<input type="checkbox"/> Add
		League City Tx 77573	<input checked="" type="checkbox"/> Remove
Director	Michael Loth	2800 E. League City Parkway #520	<input type="checkbox"/> Add
		League City, Tx 77573	<input checked="" type="checkbox"/> Remove
Director	Helena Geraldcs	2442 Lakeside Dr	<input type="checkbox"/> Add
		Seabrook, Tx 77586	<input checked="" type="checkbox"/> Remove
President	Dan L. Himes	2774 Carrier Ave	<input checked="" type="checkbox"/> Add
		Sanford, FL 32773	<input type="checkbox"/> Remove
VP	Steve Sarnd	2774 Carrier Ave.	<input checked="" type="checkbox"/> Add
		Sanford, FL 32773	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Dan L. Himes

Typed or printed name of signee

Filing Fee: \$25.00

FILED
2017 JAN 12 P 6:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA