

M14 000001656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

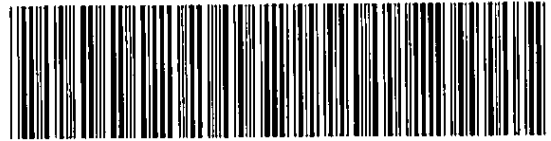
(Document Number)

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2024 AUG 22 AM 9:32
CLERK OF STATE
TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2024

MELITA HICKS-STEIN
3922 W WHITEWATER AVE
WESTON, FL 33332

SUBJECT: SECOND CHANCE HOMES, LLC
Ref. Number: M14000001656

We have received your document for SECOND CHANCE HOMES, 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 ALIEN BUSINESS ORGANIZATION, 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) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 824A00017725

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Second Chance Homes, 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:

Melita Stein

Name of Person

Second Chance Homes, LLC

Firm/Company

3922 W Whitewater Ave.

Address

Weston, FL 33332

City/State and Zip Code

kstein320@gmail.com

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

For further information concerning this matter, please call:

Melita Hicks-Stein

at (954)

394-9090

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FL

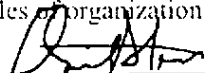
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

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.

1. Name of the limited liability company: Second Chance Homes, LLC
2. (a) 4500 N Hiatus Rd.
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Suite 218
Sunrise, FL 33351
- (b) 4500 N Hiatus Rd.
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Suite 218
Sunrise, FL 33351
3. 03/13/2014 Date of filing/registration in Florida
4. M14000001656 Document number
5. (a) United States Corporation Agents, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
United States Corporatopn Agents, Inc
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
476 Riverside Ave.
Jacksonville, FL 32202
- (b) David Roberts
Enter name of NEW Registered Agent and/or NEW Registered Office address.
Registered Agents, Inc.
NEW Registered Office Address:
7901 4th St N, Suite 300
St. Petersburg, FL 33702

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TALLAHASSEE, 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.



Signature of a member or authorized representative of a member

Daniel Stein / Manager

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 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.

David Roberts

Signature of Registered Agent