

M15000006F13

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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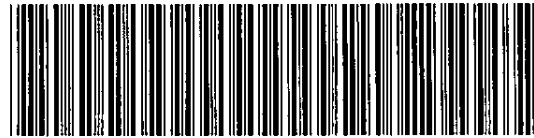
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
16 JUL 25 PM 2:48

JUL 26 2016  
S. YOUNG

2016 JUL 25 PM 5:48  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Columbus Engineers, 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:

Felix E. Cestari, P.E.

\_\_\_\_\_  
Name of Person

Columbus Engineers, LLC

\_\_\_\_\_  
Firm/Company

P.O. Box 6691

\_\_\_\_\_  
Address

Brandon, Florida 33508

\_\_\_\_\_  
City/State and Zip Code

info@columbuseng.com

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

For further information concerning this matter, please call:

Felix E. Cestari, P.E.

\_\_\_\_\_  
Name of Person

614

425-0855

\_\_\_\_\_  
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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**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: Columbus Engineers, LLC

2. (a) Physical Location (b) Mailing Address

Principal office address of limited liability company:

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

4762 White Sanderling Court

Tampa, Florida 33619

Mailing address of limited liability company:

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

P.O. Box 6691

Brandon, Florida 33508

08/25/2015

M15000006813

3. Date of filing/registration in Florida

4. Document number

5. (a) Current Agent and Address

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Manuel Tolosa

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

1156 Bella Vida Blvd.

Orlando, FL 32828

(b) New Agent and Address

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

Felix E. Cestari, P.E.

**NEW** Registered Office Address:

4762 White Sanderling Ct

Tampa, FL 33619

16 JUL 25 PM 2:48  
J. LL.P.  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


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

Felix E. Cestari, P.E.

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.*

  
Signature of Registered Agent