

M 16000004411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

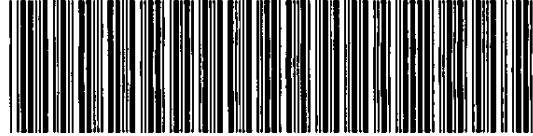
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUG 10 2016
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG -9 PM 12:05

Bruder PLC
8278 Granite Court
Dexter, MI 48130

August 4, 2016

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

Re: Statement of Change of Registered Office/Registered Agent – First Nation Group, LLC


Ladies and Gentlemen:

On behalf of First Nation Group, LLC, enclosed for your review and filing is a Statement of Change of Registered Office/Registered Agent. Additionally, enclosed is a check payable to the Florida Division of Corporations in the amount of \$25 to cover the filing fee.

Please contact me at (734) 726-5075 or at gary@bruderplc.com if you have any questions, or require any further information, regarding this document.

Thank you for your assistance on this matter.

Sincerely,


Gary Bruder

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TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Nation Group, 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:

Gary Bruder

Name of Person

Bruder PLC

Firm/Company

8278 Granite Court

Address

Dexter, MI 48130

City/State and Zip Code

gary@bruderplc.com

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

For further information concerning this matter, please call:

Gary Bruder

734

726-5075

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

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TALLAHASSEE, FLORIDA
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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.

First Nation Group, LLC

1. Name of the limited liability company: _____
2. (a) 4566 E. Highway 20
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Courtyard Plaza, Suite 208
Niceville, FL 32578
- (b) 4566 E. Highway 20
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Courtyard Plaza, Suite 208
Niceville, FL 32578
3. May 31, 2016
Date of filing/registration in Florida
4. M16000004411
Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Court Yard Plaza, Suite 209, 4566 HWY 20
Niceville, FL 32578

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

CT Corporation System

NEW Registered Office Address:
1200 South Pine Island Road

Plantation, FL 33324

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TALLAHASSEE, FLORIDA
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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.

Cheryl Nilsson

Signature of a member or authorized representative of a member

Cheryl Nilsson, Managing 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.

Signature of Registered Agent

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