

M24 0000001766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

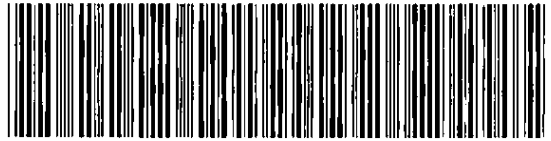
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CLERK OF COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLLRE .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:

Benjamin M. Carter Jr

Name of Person

Carter Legacy Lands

Firm/Company

388 Bullsboro Drive Suite 212

Address

Newnan, Ga 30263

City/State and Zip Code

benjamin@cllre.com

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

For further information concerning this matter, please call:

Benjamin Carter

at (404) 285-8102

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

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: CLLRE, LLC
2. (a) 388 Bullsboro Drive Suite 212 Newnan, Ga
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
- (b) 388 Bullsboro Drive Suite 212, Newnan, GA 30263
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3. January 23, 2024
Date of filing/registration in Florida
4. M24000001766
Document number

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

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

14457 NE 116th Terrace

Ft McCoy, FL 32134

- (b) Mark H. Foster
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

Mark H. Foster

NEW Registered Office Address:

15 Endless Summer Way E

Inlet Beach, FL 32461

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.

Benjamin Carter 8/14/2024

Benjamin M. Carter Jr

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.

8/14/2024

Signature of Registered Agent

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

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2024 AUG 21 PM 12:26
TALLAHASSEE, FLORIDA