A17000000461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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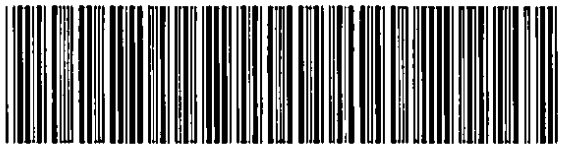

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S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shark Bar & Grill L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A17000072461

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Anna maria Greco
Contact Person

Shark Bar & Grill
Firm/Company

19030 San Carlos Blvd
Address

Fort myers Beach, FL 33931
City, State and Zip Code

sharkbar-fmb@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anna maria Greco at (239) 227-7131
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Shark Bar & Grill
Name of Limited Partnership or Limited Liability Limited Partnership

2. October 17, 2017
Date of filing/registration in Florida

3. A17000004601
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Ty Wooley
Name

17975 San Carlos Blvd.
Address

Fort Myers Beach, Fl 33931
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Annamaria Greco
Name

905 San Carlos Blvd.
Florida street address (P.O. Box not acceptable)

Fort Myers Beach FL 33931
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[signature]
Signature of General Partner

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 an accept the obligations of my position as registered agent.

Annamaria Greco
Signature of Registered Agent

Filing Fee: **$35.00**
Certified Copy (optional): **$52.50**

SEP 24 10 AM