

L19000 136 835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

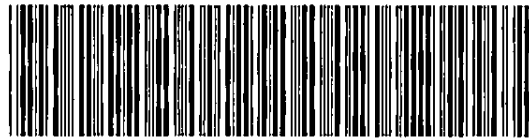
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

AUG 21 2019
C Kinsey



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2019

PAUL J BUIVI
1226 N TAMiami TRAIL STE 201
SARASOTA, FL 34236

Ref. Number: L19800013683

We have received your document for and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Catherine M Wood
Regulatory Specialist II

Letter Number: 719A00016042

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RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

230 Presidents Cup Way 208, LLC

SUBJECT: _____
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:

Paul J Bupivi

Name of Person

Lawrence & Associates

Firm/Company

1226 N. Tamiami Trail, Suite 201

Address

Sarasota, Florida 34236

City/State and Zip Code

pbupivi@lawrencelawoffices.com

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

For further information concerning this matter, please call:

Paul J Bupivi 951 404-6360

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

**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.

230 Presidents Cup Way 208, LLC

1. Name of the limited liability company: _____ c/o Deborah C Wilson

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

230 Presidents Cup Way, Unit 208

43 Barnwood Circle

Saint Augustine, Florida 32092

Greenville, South Carolina 29607

5/20/19

L19000136835

3. Date of filing/registration in Florida

4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Deborah C Wilson

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5420 Eagles Point Circle, #404

Sarasota, FL 34231

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

James S. Lawrence, Inc

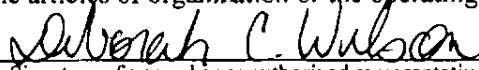
NEW Registered Office Address:

1226 N. Tamiami Trail, Suite 201

Sarasota, FL 34236

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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

Deborah C Wilson

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.



Signature of Registered Agent

Paul J. Bupivi
Authorized Representative **James S. Lawrence Inc.**
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00