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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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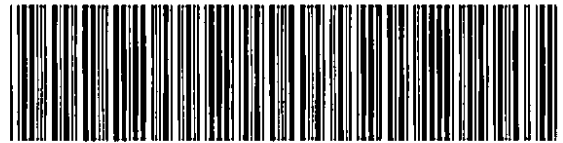
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shark House L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A17000000460

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 House L.P.
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 House L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. October 17, 2017

Date of filing/registration in Florida

3. A17000006460

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 Woolley

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:

Anna maria Greco

Name

905 San Carlos Dr.

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 and accept the obligations of my position as registered agent.

Anna Maria Greco

Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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