

**A27743**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Congo River Golf & Exploration Co - Kissimmee Limited

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A27743

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:

Kathy Engelhart

Contact Person

Congo River Golf

Firm/Company

13721 S West Bay Shore Dr

Address

Traverse City, MI 49684

City, State and Zip Code

kathy.engelhart@congoriver.com

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

For further information concerning this matter, please call:

Kathy Engelhart

at ( 231 )

941-9005

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

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TALLAHASSEE, FLORIDA

**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. Congo River Golf & Exploration Co - Orlando Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

2. 01/12/1989

Date of filing/registration in Florida

3. A27743

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:

Stephen Bull, Bull Law Firm, PA

Name

4767 New Broad St, Ste 313

Address

Orlando, FL 32814

City, State and Zip

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

Tyson G Vozza

Name

6000 Turkey Lake Rd, Suite 206

Florida street address (P.O. Box not acceptable)

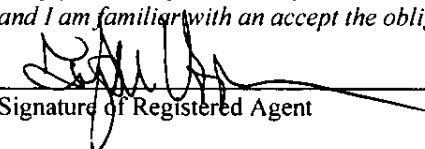
Orlando FL 32819

City, State and Zip

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

  
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.*

  
Signature of Registered Agent

**Filing Fee: \$35.00**

**Certified Copy (optional): \$52.50**

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