

A33021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

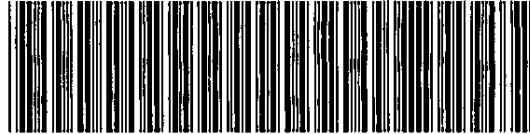
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
AUG 16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Congo River Golf & Exploration Co - Daytona Limited

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A33021

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

**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 - Daytona Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/04/1992

Date of filing/registration in Florida

3. A33021

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:

Congo River Golf and Exploration Co

Name

5901 International Dr

Address

Orlando, FL 32819

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

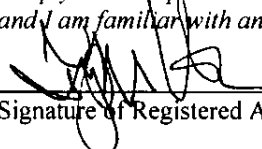
32819

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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