

F210000006976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

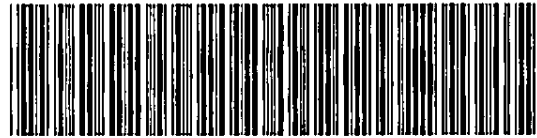
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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800387939748

05/23/22--01009--018 \*\*25.00

06/23/22--01013--016 \*\*10.00

**FILED**  
2022 AUG -8 PM 12:45  
CLERK OF COURT  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 26, 2022

BARRON RODDEY  
1985 EDGEWATER DR.  
CLEARWATER, FL 33755

SUBJECT: KINGSLAND BAY RV RESORT LLC.  
Ref. Number: F21000006976

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The current name of the entity is as referenced above. Please correct your document accordingly.

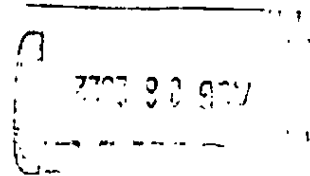
The form you submitted is for a LIMITED LIABILITY COMPANY, but your entity is a PROFIT CORPORATION. Please complete and return the enclosed blank form(s). All pages must be returned in order to file the document.

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.

Querida R Silas  
Regulatory Specialist II

Letter Number: 622A00016627



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DIVISION OF CORPORATIONS  
TALLAHASSEE

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Kingsland Bay RV Resort  
Name of Corporation

DOCUMENT NUMBER: F21000006976

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barron Roddey  
Name of Contact Person

Lebalt Communities  
Firm/Company

1985 Edgewater Dr.  
Address

Clearwater / FL 33755  
City/State and Zip Code

admin@JxnKOA.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barron Roddey at ( 727 ) 946-1074  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status &  
Certified Copy

\$10.00 Remaining Balance

Mailing Address:

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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2022 AUG - 8 PM 12:45  
OFFICE OF THE  
CLERK OF THE  
TALLAHASSEE, FL

PROFIT CORPORATION  
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA  
(Pursuant to s. 607.1504, F.S.)

SECTION I  
(1-3 MUST BE COMPLETED)

F21000006976

(Document number of corporation (if known))

1. Kingsland Bay RV Resort  
(Name of corporation as it appears on the records of the Department of State)
2. Georgia 3. 12/06/2021  
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II  
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_
5. \_\_\_\_\_  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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CLERK OF STATE  
TALLAHASSEE, FL

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MBR</u>	<u>Christina Paige Roddey</u>	<u>2140 Edythe Dr. Dunedin, FL 34698</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>MBR</u>	<u>Jordan Alexandra Roddey</u>	<u>1985 Edgewater Dr. Clearwater, FL 33755</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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Add  
Remove  
Add  
Remove

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0. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Barron Roddey

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Barron Roddey

(Typed or printed name of person signing)

MBR

(Title of person signing)

FILING FEE \$35.00