

204000011233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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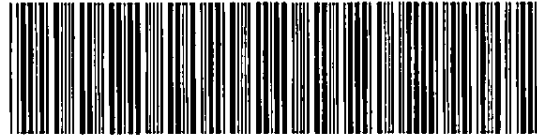
(Business Entity Name)

(Document Number)

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DIVISION OF REVENUE

Facsimile Cover Sheet

To:
Company:
Phone:
Fax: (850) 245-6030

From: Amy Manning
Company:
Phone: (407) 392-2285 * 204
Fax: (850) 308-7125

Date: 09/13/2017

**Pages including this
cover page:** 9

Comments:

Attn: Ms. Octavia Simmons\n\nMs. Simmons:\n\nPlease see attached for the fully executed forms and let me know if you need anything further.\n\nThank you.\n\nAmy Manning\nFlorida Registered Paralegal \n\nJames S. Campbell, Esquire\n\nBYRD CAMPBELL, P.A.\n\n5956 Sherry Lane, Suite 1000\nDallas, TX 75225\n(Dallas office)\n\n180 Park Avenue North, Suite 2A\nWinter Park, FL 32789\n(Orlando office)\n\nPensacola, FL (By Appointment Only)\n(Pensacola office)\n\nTelephone: (850) 308-7440 \namanning@byrdcampbell.com

2017 SEP 13 PM 4:31
FALLAISSSE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Portofino Adventures Water Taxi, L.L.C.

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:

James S. Campbell

Name of Person

Byrd Campbell, P.A.

Firm/Company

180 Park Avenue North, Suite 2A

Address

Winter Park, FL 32789

City/State and Zip Code

jcampbell@byrdcampbell.com

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

For further information concerning this matter, please call:

James S. Campbell

Name of Person

850

308-7440

at (_____) _____

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.

1. Name of the limited liability company: Portofino Adventures Water Taxi, L.L.C.

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Ten Portofino Drive, 2nd Floor

Pensacola Beach, FL 32561

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Ten Portofino Drive, 2nd Floor

Pensacola Beach, FL 32561

2/10/2004

L04000011233

3. Date of filing/registration in Florida

4.

Document number

5. (a) James S. Campbell

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

501 Commendancia Street

Pensacola

FL 32502

(b) James S. Campbell

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Byrd Campbell, P.A.

NEW Registered Office Address:

180 Park Avenue North, Suite 2A

Winter Park

FL 32789

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

Printed or typed name of signee

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

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

FILING FEE: \$25.00

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DIVISION OF CORPORATIONS

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