

LU400004343L

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

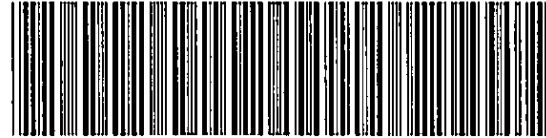
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300304439953

10/13/17--01026--001 **25.00

FILED
17 OCT 13 AM 7:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 16 2017

J CHIVERS

1

Registration Section
Division of Corporations

SUBJECT: Cutting Horse Yachts, LLC
Name of Limited Liability Company

Sir or Madam:

enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

se return all correspondence concerning this matter to the following:

Name of Person

| Firm/Company |
|--------------|
|--------------|

3 SE Pine Knoll Way

Address

City/State and Zip Code

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

for further information concerning this matter, please call:

Name of Person 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.

Cutting Horse Yachts, LLC

1. Name of the limited liability company: _____
2. (a) 3180 SW 42nd Ave (b) 4953 SE Pine Knoll Way

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Palm City, FL 34990

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Stuart, FL 34997

06/09/2004

LO4000043430

3. Date of filing/registration in Florida 4. Document number

Jaymie Ellen Chittum

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
4456 SE Tribout Lane

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Stuart 34997
FL

Jaymie Ellen Chittum

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

4953 SE Pine Knoll Way

NEW Registered Office Address:

Stuart 34997
FL

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

Harold T. Chittum, III

Printed or typed name of signer

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**

FILED
17 OCT 13 AM 7:49
TALLAHASSEE, FLORIDA
SECRETARY OF STATE