-104000076387

(Re	equestor's Name)		
(Ad	idress)		
(Ac	ddress)		
(Cir	ty/State/Zip/Phone #)		
PICK-UP	☐ WAIT ☐ MAIL		
(Bu	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
Wrana	jorn		

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Port of Call Yackt Jame of Limi	Club IIC ted Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter t	o the following:	
Hugh D. Uptra Name of Person		
Port of Call Firm/Company		
555 W. Leanada Blr Address	rd. Ste X1	
Olmand Beach Fil City/State and Zip Code		(EUS 31
E-mail address: (to be used for future annual report	notification)	PM 3: LA
For further information concerning this matter, please ca	II:	4
Vlargart E Swerey at (5) Name of Person	84) 334-5200 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	

INHS18 (2/14)



Letter Number: 918A00017374



August 22, 2018

MARGARET E. SWEENEY PORT OF CALL YACHT CLUB, LLC 555 W. GRANADA BLVD., SUITE G1 ORMOND BEACH, FL 32174

SUBJECT: PORT OF CALL YACHT CLUB, LLC

Ref. Number: L04000076387

We have received your document for PORT OF CALL YACHT CLUB, LLC and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Diane Cushing Senior Section Administrator

www.sunbiz.org

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

rioriae	•			
1. Na	une of the limited liability company: Port of Call Gac 392 S. Atlantic are. (b)	At Club	12	<u>. </u>
2 (a)	392 & attaction are (b)	- Same		
()	Principal office address of limited liability company:	ailing address of limited liab	ility con	ıpany:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OF	FICE B	<u>OX</u>)
	armord Brack 7 l. 32176			
	The state of the s	<u> </u>		
	,			
	$\frac{\int o/2J/2004}{\text{Date of filing/registration in Florida}} \qquad \frac{Lo4}{4}$	100007638	<u>, </u>	
3.	Date of filing/registration in Florida 4.	Document number		
5. (a)	Registered Agendand Registered Office shown on the records of the Florida Dept. of State:			
	registered rigeryalid registered virtee shown on the records of the corda or provide			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	392 S. atlantic ave.			
	armond Beach FL 32176			
	Muono Deach 12 32116		; ≥	
			<u> </u>	7 (2) 3 (4)
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		ယ	
	The fall of Strome Green Strome and Strome S			
	555 W. Granada Blvd.		 ∑ .:	한다
	NEW Registered Office Address:		بب	(A)
	Suite X1		•	12
				-,
	Ormond Beach FL 32174			
If the 1	imited liability company is not organized under the laws of the State of Flo	rida it is hereby confir	ned the	u after
the cha	ange or changes are made, the Florida street address of the registered office	and the business office	of the	registered
agent v	will be identical. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative vote of the members of the limited liability	hereby confirmed that	tne cha	nge(s)
the art	icles of organization or the operating agreement of the limited liability com	pany.	iie prov	
		ET E SWE Printed or typed name of sig	EN.	EV
Signa	Margaret E. Sweezen nure of a member or authorized representative of a member MARGARE	Printed or typed name of sig	nec	
	(/ ,		,	

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 HUGH D VPTOW