## L05000064291

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Business Entity Name)		
(Document Number)		
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: TOWNSEND Adventures LC		
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:		
Jason M. Townsend Name of Person		
Townsend Adventures UC		
310 Bayou Grale		
Treport FL 32439  City/State and Zip Code		
MS+adventures@gmail.com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Jason Townsend at (850) 687-0546		
Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section		
Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301		

 $\square$  \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 60 liability company submits the following statement in agent, or both, in the State of Florida.	08.508, Florida Statutes, the undersigned limited order to change its registered office or registered	
1. Name of the limited liability company: \[ \langle \text{O(W)Y} \]	isend Haventhres LLC	
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	JAPES FI 32439	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same	
June 29, 2005  3. Date of filing/registration in Florida	<u>L0500064291</u> 4. Document number	
5. (a) Registered Agent and Registered Office shown	<u> </u>	
Registered Agent:	Jason Townsend	
Registered Office Address:	150 S. Walton Labeshore Dr. Inlet Beach, Fl 32439	
(b) Enter name of <b>NEW Registered Agent</b> and/or	NEW Registered Office address: ME – Tason Townsend	
Nogistered rigent.	210 Partie G	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Freeport FL 3243	
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other than the operating agreement of the limited liability company.	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote of erwise provided in the articles of organization or by.	
Signature of a member or authorized representative of a member		
Misty Leigh Townsend  Printed or typed name of signee	-2 AM  SSEE, FE	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and fram familiar with and accept the obligations of m Chapter 608, F.S. Gr., if this document is being filed to addiess, I hereby confirm that the limited liability com	<u> </u>	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

**FILING FEE: \$25.00**