106000030553

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

Date: December	r 28, 2021	A0000111#. 12000000000
Name: K	EN	
Reference #:	1528618	
Entity Name:	ANGLER'	S BOUTIQUE RESORT, LLC
Articles of Incorp	oration/Authori	zation to Transact Business
Amendment		
✓ Change of Agent	t	ISSUES? CALL
Reinstatement		KEN:
Conversion		518-213-0738
Merger		
Dissolution/Without	drawal	
Fictitious Name		
Other		
Authorized Amount	\$2 5	; <u>-</u>
7		
Signatura:		

+1.212.947.7200



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

Date: December	28, 2021		Account#. 12000000000
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Entity Name:	ANGLER'S	BOUTIQUE	E RESORT, LLC
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Amendment			
✓ Change of Agent			ISSUES? CALL
Reinstatement			KEN:
☐ Conversion			518-213-0738
☐ Merger			
Dissolution/Withd	rawal		
☐ Fictitious Name			
Other			
Authorized Amount:	\$25-		
Signature:			_

ASIA PACIFIC HQ

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.

Na	ame of the limited liability company:	ANGLER'S	S BOUTIQUE RESORT, LLC
(a)		(b)_	Mailing address of limited liability company
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	no change		no change
	3/22/2006	_	L06000030553
	Date of filing/registration in Florida	4.	Document number
(a)	CORPORATION SERVICE COM	MPANY	
1447	Registered Agent and Registered Office shown on the records of		ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)	2021 DEC
	1201 HAYS STREET		
	TALLAHASSEE	_L 323	N. 1
	COGENCY GLOBAL INC	·	
(b)	3302.10. 0200.12.11		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		
(b)		ed Office addre	••
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u>	ed Office addre	••

/s/ Judy Miles

Judy Miles

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.

/s/ Michael Carlisle

Signature of Registered Agent

Michael Carlisle, Assistant Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00