## L06000090546

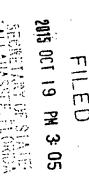
(Re	equestor's Name)	)		
(Address)				
(Address)				
(Ci	ty/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	es of Status		
Special Instructions to Filing Officer:				





900278167519

10/19/15--01022--018 \*\*25.00



## COVER LETTER

	vivision of Corporations		
SUBJEC <sup>*</sup>	Reef Time, LLC		
SCHOLC	··	e of Limited Liab	pility Company
Dear Sir o	or Madam:		
The enclo	osed Registered Agent/Registered Offi	ce Change and fe	e(s) are submitted for filing.
Please ret	turn all correspondence concerning thi	is matter to the fo	llowing:
Kent Sie	edle		
	Name of Person		-
Reef Ti	me, LLC		
	Firm/Company		-
12261 N	NW 48th Drive		
	Address		-
Coral S	prings, FL 33076		
	City/State and Zip Code		-
reeftime	eproperties@ymail.com	•	
E-m	nail address: (to be used for future ann	ual report notific	ation)
For furth	er information concerning this matter,	please call:	
Kent Si	edle	954	325-2575
	Name of Person		Area Code & Daytime Telephone Number
R D C 2	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		stration Section sion of Corporations Box 6327
Enclosed is a check for the following amount:			
ū	<b>2</b> \$25 Filing Fee	<b>\$</b> \$55	Filing Fee & Certified Copy
INHS18 (	2/14)		

## 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.

	time of the limited liability company:		16 A Golf Village Dr
(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Key Largo, FL 33037		Key Largo, FL 33037
	09/14/2006		L06000090546
	Date of filing/registration in Florida	4.	Document number
(a)	Marilyn Klein		
(a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:
	16 A Golf Village Dr		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	Key Largo	33037	
	rtey Largo, FI	L,	
(b)	Kent Siedle		And the second
(-)	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ress:
	SAME		
	NEW Registered Office Address:		<del></del>
	CAME	CANA	
	SAME - , FI	L_SAME	
e cha gent v as/w	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regis iability co of the lim e limited li	tered office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
Signa	iture of a member or authorized representative of a member		Printed or typed name of signee
ovis e ob mer	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I do not not this change.	gree to act e perform ed for in C hereby co	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been

Signature of Registered Agent