L07000033424

| (Re | questor's Name) | |
|---|--------------------|-------------|
| (Ad | dress) | |
| ———(Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| ļ | | |
| | | |
| | | |

Office Use Only



100186371721

10/15/10--01005--005 **25.00

FILED

10 OCT 15 PM (1:49

**CRETARY OF STATE

D. BRUCE

OCT 18 2010

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: Nelson's Tents Holding Name of Limited Liab | S, LLC ility 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: |
| · | s types in the second of the second of |
| Dorothy Nelson Name of Person | |
| Nelson's Tents Holdings, UC | 10 OCT 1 |
| 8532 Cherry Lake Road | SEE. FLORID, |
| Groveland, Fr 34736 City/State and Zip Code | |
| doorbella 4 @ aol 1 com E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please ca | 11: |
| Dorothy Nelson at (40 | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: M Registration Section Red Division of Corporations D Clifton Building P. | AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, 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 608.416 or 608.508, 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.

| 1. Name of the limited liability company:Nelsons | Tents Holdings, UC |
|---|--|
| 2. (a) Principal office address of limited liability company | 0 / |
| (Note: MUST BE STREET ADDRESS) | 8532 Cherry take led Groveland, Jec 34736 |
| (b) Mailing address of limited liability company: | |
| (Note: MAY BE POST OFFICE BOX) | St32 Cherry Lake 12d |
| 3/27/2007 | 107000032421 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: |
| Registered Agent: | William P. Weatherford, Pr |
| Registered Office Address: | 1150 boutsiana Ave Suite 4 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent:</u> <u>NEW Registered Office Address:</u> | W Registered Office address: |
| (MUST BE FLORIDA STREET ADDRESS) | Griveland fc . 34736 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member | lorida street address of the registered colice ical. Or, in the case of a Florida limited was/were authorized by an aftirmative voice. |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company | gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change. |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registe