

L07000069341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

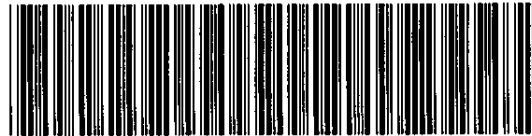
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 DEC -2 PM 4:57

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 DEC -2 AM 11:15

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

DEC - 3 2008

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 12/2/08

REF. #: 0447.91465

CORP. NAME: CAMELOT-PICCADILLY INVESTMENTS, LLC

FILED
08 DEC -2 AM 11:15
TALLAHASSEE, FLORIDA

- | | | |
|--|---|--|
| ☐ ARTICLES OF INCORPORATION | ☐ ARTICLES OF AMENDMENT | ☐ ARTICLES OF DISSOLUTION |
| ☐ ANNUAL REPORT | ☐ TRADEMARK/SERVICE MARK | ☐ FICTITIOUS NAME |
| ☐ FOREIGN QUALIFICATION | ☐ LIMITED PARTNERSHIP | ☐ LIMITED LIABILITY |
| ☐ REINSTATEMENT | ☐ MERGER | ☐ WITHDRAWAL |
| ☐ CERTIFICATE OF CANCELLATION | | |
| ☒ OTHER: CHANGE OF AGENT | | |

STATE FEES PREPAID WITH CHECK# 528473 **FOR \$** 25.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| ☐ CERTIFIED COPY | ☐ CERTIFICATE OF GOOD STANDING | ☒ PLAIN STAMPED COPY |
| ☐ CERTIFICATE OF STATUS | | |

Examiner's Initials

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: CAMELOT-PICCADILLY INVESTMENTS, LLC

2. (a) Principal office address of limited liability company: 5500 FLAGHOLE ROAD
CLEWISTON FL 33440
*(Note: **MUST BE STREET ADDRESS**)*

(b) Mailing address of limited liability company: 5500 FLAGHOLE ROAD
CLEWISTON FL 33440
*(Note: **MAY BE POST OFFICE BOX**)*

07/02/2007

3. Date of filing/registration in Florida

L07000069341

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: RIEF, FRANK J III

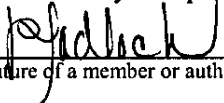
Registered Office Address: 401 EAST JACKSON STREET
TAMPA FL 33602-5250 US

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: CorpDirect Agents, Inc.

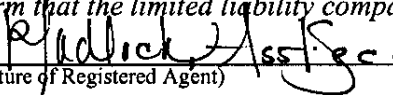
NEW Registered Office Address: 515 East Park Avenue
*(**MUST BE FLORIDA STREET ADDRESS**)*
Tallahassee FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

Patricia Tadlock
(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 608, 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)

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