## L07000099522

(Requestor's Name)			
(Address)	<u> </u>		
(Address)	<del></del>		
(City/State/Zip/Phone #)			
PICK-UP WAIT MAI	L		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
·			

Office Use Only



600136370576

09/29/08--01017--024 \*\*25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

T. HAMPTON

OCT 1 6 2008

**EXAMINER** 

## **BRENNAN, MANNA & DIAMOND**

800 West Monroe Street ◆ Jacksonville, FL 32202 ◆ www.bmdpl.com

Bobbie Jo Shaffalo Phone: (904) 366-2328 Fax: (904) 366-1501 Bjshaffalo@bmdpl.com

October 14, 2008

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Re: Get Into the Outdoors, LLC, Ref. Number: L07000099522

To Whom It May Concern:

Please find enclosed the corrected Statement of change of Registered Office or Registered Agent or Both for Limited Liability Company. You are holding our firm's check # 01017 in the amount of \$ 25.00 to cover the noted changes.

Do not hesitate to contact us with any additional questions.

Sincerely,

Bobbie Jo Shaffalo

Legal Assistant to William H. Hilton, Esq.

BJS/ Enclosure



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED
08 OCT 15 PM 12: 34

SECRETARY OF STATE TALLAHASSEE, FLORIDA

September 30, 2008

BRENNAN MANNA & DIAMOND PL 800 W MONROE ST JACKSONVILLE, FL 32202

SUBJECT: GET INTO THE OUTDOORS, LLC

Ref. Number: L07000099522

We have received your document for GET INTO THE OUTDOORS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 708A00052101

## 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: GET INTO THE OUTDOORS, LLC			
2.	(a) Principal office address of limited liability company: 13823 SAXÔN L. (Note: MUST BE STREET ADDRESS)  JACKSONVILLE,	ny: 13823 SAXÓN LAKE DRIVE  JACKSONVILLE, FL 32225		
	(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  13245 ATLANTIC  JACKSONVILLE,	C BLVD STE 4-321 FL 32225		
_	ctober 1, 2007  Date of filing/registration in Florida  L07000099522  4. Document num	TALLARE OC TO		
5.	(a) Registered Agent and Registered Office shown on the records of the	AS		
	Registered Agent: CORPORATION S  Registered Office Address: 1201 HAYS STRE TALLAHASSSEE,	STA = 0		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				
	NEW Registered Agent: WILLIAM H, HILTO	ON, III, ESQ		
	NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)  BRENNAN, MANN 76 SOUTH LAUR, JACKSONVILLE			
	164 P. 76 11 P. 176			

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 of authorized representative of a member)

LISA BETTE OSLEY

(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, it this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the Imited 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