L07000102088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

700213151907

10/13/11--01007--019 **50.00

FILED
11 OCT 21 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 24 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARDEN'S GREAT ADVENTURES, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert E. Carden, Jr.
Name of Person

Carden's Great Adventures, LLC
Firm/Company

350 East Lake Elbert Drive
Address

Winter Haven, FL 33881
City/State and Zip Code

bob@cardeninsurance.com
E-mail address: (to be used for future annual report notification)

FILED
11 OCT 21 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Robert E. Carden, Jr. at (863) 291-3505
Name of Person — Area Code & Daytime Telephone Number

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

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: Carden's Great Adventures, LLC

2. (a) Principal office address of limited liability company: 350 East Lake Elbert Drive

(Note: MUST BE STREET ADDRESS) Winter Haven, FL 33881

(b) Mailing address of limited liability company: 350 East Lake Elbert Drive

(Note: MAY BE POST OFFICE BOX) Winter Haven, FL 33881

October 8, 2007
3. Date of filing/registration in Florida

L07000102088
4. Document number

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

Registered Agent: Judith L. Carden

Registered Office Address: 350 East Lake Elbert Drive
Winter Haven, FL 33881

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

NEW Registered Agent: Robert E. Carden, Jr.

NEW Registered Office Address: 350 East Lake Elbert Drive
(MUST BE FLORIDA STREET ADDRESS) Winter Haven, FL 33881
,FL

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

Robert E. Carden, Jr.
Printed or typed name of signee

11 OCT 21 PM
TALLAHASSEE, FLORIDA

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

INHS18 (05/08)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 14, 2011

SUSAN L. SAUNDERS
SHARIT, BUNN & CHILTON PA
POST OFFICE BOX 9498
WINTER HAVEN, FL 33883-9498

SUBJECT: CARDEN'S GREAT ADVENTURES, LLC
Ref. Number: L07000102088

We have received your document for CARDEN'S GREAT ADVENTURES, LLC and your check(s) totaling $. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return 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) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 611A00023630