## L08000004843

·		
(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:		
A LINT		

APR 19 2011

**EXAMINER** 

Office Use Only



700224874367

MAKINEY OF STATE

Land of the state of the state



March 21, 2012

RONALD G CANADA 4520 GRAND FOREST DR. SCHERTZ, TX 78154

SUBJECT: CANADA ADVENTURE, LLC

Ref. Number: L08000026863

We have received your document for CANADA ADVENTURE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 012A00009905

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: CANADA ADVENT Name of Limited	URE, LLC Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
VIVIAN INTO  Name of Person		
Firm/Company	ALLASSIAN	
1736 GOLFVIEW DR		d Dame Mile to
KISSIMMEE FL 347 City/State and Zip Code	Ç <sup>©</sup> M-∏ g <del>er</del>	**
RONNIE CANADA @ HOTMAIL  E-mail address: (to be used for future annual report notification	. COM	
For further information concerning this matter, plea	se call:	
RONALD CANADA at (	210 367 5165 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	
INHS18 (5/08)		

## 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: CANAI	DA ADVENTURE, LLC	
2. (a) Principal office address of limited liability company	y:	
(Note: MUST BE STREET ADDRESS)	SGHT 110-TH AVE N ROYAL PALM BEACH, FL 33411	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	4520 GRAND FOREST DR SCHERTZ, TX 78154	
03/14/2008	L08600026863	
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:	PACIFIC REGISTERED AGENTS	
Registered Office Address:	8647 110-TH AVE N ROYAL PALM BEACH, FL 33411	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address: VIVIAN INTO	
NEW Registered Agent:		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1736 GOLFVIEW DR KISSIMMEE ,FL 34746	
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 identiability 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  RONALD G CANADA  Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am families. Or, if this document is being filed to me address, I hereby confirm that the limited liability company.  Signature of Registered Agent	lorida street address of the registered office tical. Or, in the case of a Florida limited ) was/were authorized by an affirmative vote rwise provided in the articles of organization y.	

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

INHS18 (05/08)