L080000043206

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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	,	
(Document Number)		
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SECRETARY OF STATE
TALLAHASSEE FLORID

COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: COOPER TOWN Name of Limited	A:R BODY R:Des / Restrant d 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 m	atter to the following:
JESS E Kennow Name of Person	-
COOPER-LOWN AIR BOAL	Rines/Restaurant, LLC
PO BOX 940176	·
Mi Ami FL 331	94
KURT Deloken20 Q AO1. E-mail address: (to be used for future annual report nonfication	(om
For further information concerning this matter, plea	ase cali:
KURY DeloPenZU at (_	784) 357-8684 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 Tallabassee, Florida 32314
Enclosed is a check for the following amou	unt:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy



June 24, 2009

JESSE E KENNON PO BOX 940176 MIAMI, FL 33194

SUBJECT: COOPERTOWN AIRBOAT RIDES/RESTAURANT, LLC.

Ref. Number: L08000043206

We have received your document for COOPERTOWN AIRBOAT RIDES/RESTAURANT, 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) 245-6067.

Letter Number: 409A00021501

Neysa Culligan Regulatory Specialist II

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.5 hability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited or to change its registered office or registered
1. Name of the limited liability company: Cooperton	un A: RBOAT RiDes/35+DURANT, LE
2. (a) Principal office address of limited liability company	miani FL 33194
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PG BOX 940176 Mismi FL 33A4
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:	KURT DOLORANZO
Registered Office Address:	400 Kings Point DR &
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	
NEW Registered Agent:	Jesse E. Kennon
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	22766 SW 81" ST Mi DML FL 361941
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fland 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 1858 E RNOOP Printed or typed name of signee	lorida street address of the registered office ical. Or, in the case of a Florida imitial was/were authorized by an affirmative vote wise provided in the articles of organization.
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 pos 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 sper 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