

LOG000000 3513

(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:

R.A.

Office Use Only



600237957706

08/02/12--01011--024 **25.00

FILED
2012 AUG -2 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

AUG 3 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Registered Agent for Central Florida Golf Carts 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:

Andrew E Preston
Name of Person

Central Florida Golf Carts
Firm/Company

533 Cagan Park Ave, Suite 310
Address

Clermont, FL 34714
City/State and Zip Code

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

For further information concerning this matter, please call:

Andrew E Preston at (352) 241 4929
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

FILED
2012 AUG -2 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Central Florida Golf Carts llc

2. (a) Principal office address of limited liability company: 533 Cagan Park Ave, Suite 310

(Note: MUST BE STREET ADDRESS)

Clermont

FL 34714

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

as above

01/12/2009

L09000003513

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:

Carolyn Preston

Registered Office Address:

1279 Legendary Blvd

Clermont

FL 34711

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 AUG -2 AM 8:22

FILED

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

NEW Registered Agent:

Andrew E Preston

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

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.

Andrew E Preston
Signature of a member or authorized representative of a member

Andrew E Preston

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.

Andrew E Preston
Signature of Registered Agent

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

FILING FEE: \$25.00