

LO9000097377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

SEP 24 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 16, 2010

KIMBERLY DEPASQUALE  
137 DUNES EDGE RD  
JUPITER, FL 33477

SUBJECT: ROCK THE PADDLE, LLC  
Ref. Number: L09000097377

We have received your document for ROCK THE PADDLE, LLC and check totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

You have submitted 2 separate documents. The filing fee for each is \$25.00. A total of \$50.00 is due to file both documents.

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 110A00022043

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: Rock the Paddle dba Paddleboard Orlando

2. (a) Principal office address of limited liability company: 137 Dunes Edge Rd  
Jupiter FL 33477  
☒ (Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: Same  
☐ (Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida: 10/27/2009  
4. Document number: L09000097377

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: DePasquale, Kimberly  
Registered Office Address: 4473 FOX ST  
Orlando FL 32814

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** Ned Johnson  
**NEW Registered Office Address:** 2265 LEE RD #205  
WINTER PARK FL 32789  
**(MUST BE FLORIDA STREET ADDRESS)**

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.

Kimberly DePasquale  
Signature of a member or authorized representative of a member

Kimberly DePasquale  
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.

[Signature]  
Signature of Registered Agent

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