

L100000 95573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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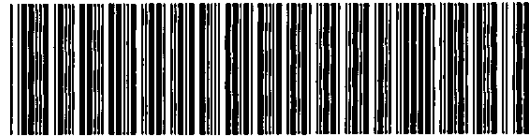
(Business Entity Name)

(Document Number)

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FILED  
12 JAN -9 PM 4:14  
STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
JAN 10 2012  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Paradise Kayak Tours, 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:

Michael A Salas

Name of Person

Paradise Kayak Tours, LLC

Firm/Company

182 NW Pleasant Grove Way

Address

Port St. Lucie, FL 34986

City/State and Zip Code

paradisekayaktours@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael A Salas

Name of Person

at ( 772 )

678-0879

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

12 JAN -9 PM 4:14  
TALLAHASSEE, FLORIDA  
SUBMITTED TO STATE

**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: Paradise Kayak Tours, LLC

2. (a) Principal office address of limited liability company: 182 NW Pleasant Grove Way

**(Note: MUST BE STREET ADDRESS)**

Port St. Lucie, FL 34986

(b) Mailing address of limited liability company:

182 Pleasant Grove Way

**(Note: MAY BE POST OFFICE BOX)**

Port St. Lucie, FL 34986

09/10/2010

L10000095573

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:

SALAS, JENNIFER L

Registered Office Address:

182 NW Pleasant Grove Way  
Port St. Lucie, FL 34986

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

**NEW** Registered Agent:

Michael A Salas

**NEW** Registered Office Address:

182 Nw Pleasant Grove Way

**(MUST BE FLORIDA STREET ADDRESS)**

Port St Lucie, FL 34986

,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.

Michael A Salas  
Signature of a member or authorized representative of a member

Michael A Salas

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.*

Michael A Salas  
Signature of Registered Agent

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

**FILING FEE: \$25.00**