L11000021952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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14 OCT -9 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOBER CAMEL 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:

Christy Lonnon
Name of Person

Sober Camel LLC
Firm/Company

1659 State Hwy 46 W # 115-406
Address

New Braunfels, TX 78132
City/State and Zip Code

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

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For further information concerning this matter, please call:

Christy Lonnon at (813) 651-5768
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

INHS18 (2/14)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2014

CHRISTY LONNON
SOBER CAMEL LLC
1659 STATE HWY 46 W #115-406
NEW BRAUNFELS, TX 78132

SUBJECT: SOBER CAMEL LLC
Ref. Number: L11000021952

We have received your document for SOBER CAMEL 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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 514A00018789

RECEIVED
14 OCT -9 AM 10:38
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: SOBAR CAMEL LLC

2. (a) SOBER CAMEL
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1659 State Hwy 46 W
#115-406
NEW BRAUNFELS, TX 78132

(b) SOBER CAMEL
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
1659 State Hwy ~~46~~ 46 W.
#115-406
NEW BRAUNFELS, TX 78132

3. 2/21/11
Date of filing/registration in Florida

4. L11000021952
Document number

5. (a) Christy L. Lonoun
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
9592 118th Lane
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Seminole, FL 33785

(b) CARLOS A. LEYVA
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
DIGITAL LAW GROUP
NEW Registered Office Address:
1001 Starkey Rd #18
Largo, FL 33771

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Signature of a member or authorized representative of a member

Christy Lonoun
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 605, 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 of Registered Agent

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

INHS18 (2/14)