## L'11000067473

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 1 5 2015 T. CARTER

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	First Coast Adventures LLC		
	Nam	e of Limite	d Liability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Offi	ce Change	and fee(s) are submitted for filing.
Please	return all correspondence concerning thi	s matter to	the following:
Josh	ua Carpenter		
	Name of Person	<del></del>	
First	Coast Adventures LLC		
<del></del>	Firm/Company	<u></u>	
1233	5 Windstream Lane		
	Address	· · · · · · · · · · · · · · · · · · ·	
Jacks	sonville, FL 32258		
	City/State and Zip Code		
firstc	oastadventures@gmail.com		
i	E-mail address: (to be used for future ann	ual report n	otification)
For fu	rther information concerning this matter,	please call:	
Josh	Carpenter	904	608-1544
	Name of Person		Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
	2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	<b>2</b> \$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS1	8 (2/14)		

## 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. No	ame of the limited liability company: First Coast Ac	Melitt	ai e	S LLC			
2. (a)	12335 Windstream Lane		(b)	PO Box	c 1304		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)		Mailing address of limit (Note: MAY BE PO.	•	
	Jacksonville, FL 32258	<del>-</del>		Orange	Park, FL 32067		
	01/08/2015		i	.110000	67473		
3.	Date of filing/registration in Florida	4.	_		Document number	•	• • • • • • • • • • • • • • • • • • • •
5. (a)	Glenn Vopper II						
( <del></del> )	Registered Agent and Registered Office shown on the records of 14339 Cedar Island Rd N	the Flori	ida	Dept. of Stat	te:		
	Registered Office Address (MUST BE FLORIDA STREET)	IDDDE	CC)		_		
	Registered Office Address [MUST BE F LORIDA STREET?	IDDKI2	33)				
	Jacksonville , FL	3225	0		<del>-</del>	15 JA	SECR TALLA
	Joshua Carpenter					JAN 13	A A A
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	add	ress:	<del>-</del>		SS R
				<u></u>		PH	교육B
	12335 Windstream Lane					1:08	30.1 VI S
	NEW Registered Office Address:					86	TE ADA
	Jacksonville . FL	3225	8		_		
the charagent was/w the art  Signs I here provis the obto mer notifie	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like a uthorized by an affirmative vote of the members of icles of organization or the operating agreement of the ture of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I in the office of this change.	the regability of the limited	gist con imi d li	tered officenpany, it is ted liability cor	the and the business of is hereby confirmed ty company or as of mpany.  Printed or typed name against I further against	office of the that the cherwise pro	e registered ange(s) ovided in