

L11000090089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

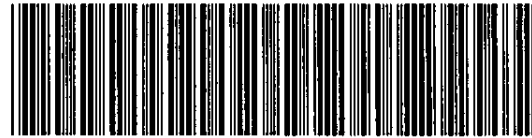
(Business Entity Name)

(Document Number)

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13 MAR 13 AM 8:58
TALLAHASSEE, FLORIDA

B. BOSTICK

MAR 14 2013

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: P.T. ADVENTURES, L.L.C.
2. (a) Principal office address of limited liability company: 340 FT. PICKENS ROAD
(Note: MUST BE STREET ADDRESS) PENSACOLA BEACH FL 32561 US
- (b) Mailing address of limited liability company: 411 VALENTINE ROAD, # 300
(Note: MAY BE POST OFFICE BOX) C/O DAN L. WEAVER
KANSAS CITY MO 64111 US
- 08/04/2011 L11000090089
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: CRANE, SARAH D

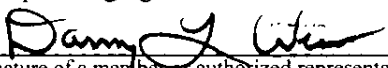
Registered Office Address: 220 W. GARDEN STREET, 9TH FLOOR
PENSACOLA FL 32502 US

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

NEW Registered Agent: Sullivan, Tiffany A.

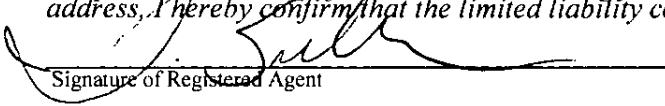
NEW Registered Office Address: 220 W. GARDEN STREET, 9TH FLOOR
(MUST BE FLORIDA STREET ADDRESS) PENSACOLA FL 32502 US
FL

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.


Signature of a member or authorized representative of a member

Danny L. Weaver
Printed or typed name of signer

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 of Registered Agent

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