

L11000099371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

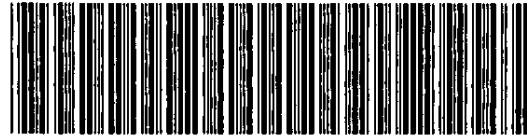
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800243696318

01/28/13--01011--029 **25.00

FILED
2013 JAN 28 PM 2:39
SECRETARY OF STATE
TREASURER OF FLORIDA

JAN 29 2012

D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHARACTERS ON THE GO 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:

Bobby L Prince
Name of Person

CHARACTERS ON THE GO LLC
Firm/Company

6065 DUNRIDGE DRIVE
Address

PACE FL 32507
City/State and Zip Code

CHARACTERSONTHEGO@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bobby Prince at (850) 607-9057
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 (5/08)

(CHANGE ADDRESS OF COMPANY)

FILED
2018 JAN 28 PM 2:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: CHARACTERS ON THE GO LLC
2. (a) Principal office address of limited liability company: 8800 Pineforest Road Apt 1104
(Note: **MUST BE STREET ADDRESS**) PENSACOLA FL 32534
- (b) Mailing address of limited liability company: SAME
(Note: **MAY BE POST OFFICE BOX**)

3. Date of filing/registration in Florida: August 29th 2011

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Bobby Price

CHARACTERS ON THE GO

Registered Office Address:

8800 Pineforest Road Apt 1104
PENSACOLA FL 32534

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

NEW Registered Agent:

NEW

NEW Registered Office Address:

★

6065 DUNRIDGE DRIVE

★

(**MUST BE FLORIDA STREET ADDRESS**)

PACE, FL 32507

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.

Bobby L Price
Signature of a member or authorized representative of a member

Bobby L Price
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.

Bobby L Price
Signature of Registered Agent

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