

L12000062490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

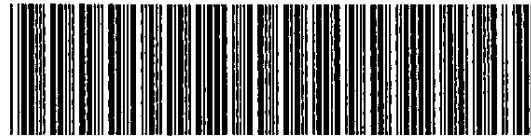
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

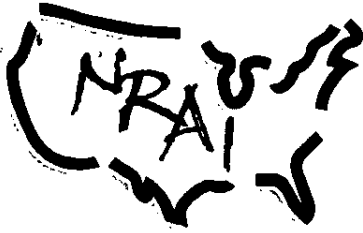


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02/05/13--01019--014 **25.00

FILED
2013 FEB -5 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan FEB -6 2013



National Registered Agents, Inc.
11600 College Boulevard
Suite 210
Overland Park, KS 66210
800.550.6724
Fax 913.851.0713

January 31, 2013

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: First Class Getaways LLC

Dear Sir/Madam,

Enclosed herewith is a request to change the Registered Agent of record, accompanied by our check, for the above captioned First Class Getaways LLC.

Please return official evidence of the completed filing in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Sincerely,

Jessica Cox, Assistant Secretary
National Registered Agents, Inc.

Enclosure - Check

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIRST CLASS GETAWAYS 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:

JESSICA COX

Name of Person

NATIONAL REGISTERED AGENTS, INC.

Firm/Company

11600 COLLEGE BLVD., STE 210

Address

OVERLAND PARK, KS 66210

City/State and Zip Code

OBRISTK13@GMAIL.COM

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

For further information concerning this matter, please call:

JESSICA COX

at (800)

550-6724

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

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: FIRST CLASS GETAWAYS LLC
2. (a) Principal office address of limited liability company: 3011 NE 46TH STREET
(Note: MUST BE STREET ADDRESS)
FORT LAUDERDALE FL 33308
- (b) Mailing address of limited liability company: 3011 NE 46TH STREET
(Note: MAY BE POST OFFICE BOX)
FORT LAUDERDALE FL 33308

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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: OBRIST, CLARK


Registered Office Address: 3011 NE 46TH STREET
FORT LAUDERDALE FL 33308

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

NEW Registered Agent: NRAI Services, Inc.

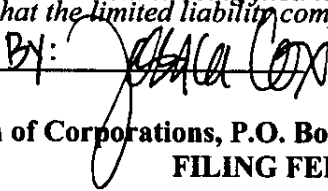
NEW Registered Office Address: 515 East Park Avenue
(MUST BE FLORIDA STREET ADDRESS) Tallahassee, FL 32301

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

Kendra Obrist
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.

By: NRAI Services, Inc.  Jessica Cox, Assistant Secretary
Signature of Registered Agent

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

INHS18 (05/08)