

L12000077920

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813) 435-3176
Fax Number : (813) 333-6358

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**LLC REGISTERED AGENT CHANGE
WESTCHASE INFLATABLE FUN, LLC**

Certificate of Status	0
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NICK SPRADLIN

N. Gifford AUG 29 2013

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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: WESTCHASE INFLATABLE FUN, LLC

2. (a) Principal office address of limited liability company: 10810 BUCKSKIN PLACE
(Note: **MUST BE STREET ADDRESS**)

TAMPA, FL 33626

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

10810 BUCKSKIN PLACE

TAMPA, FL 33626

06/12/2012

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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:

THE LAW OFFICES OF NICK SPRADLIN, PLLC

Registered Office Address:

18952 NORTH DALE MABRY HWY

SUITE 102

LUTZ, FL 33548

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

NEW Registered Agent:

CRAIG PERKINS

NEW Registered Office Address:

10810 BUCKSKIN PLACE

(**MUST BE FLORIDA STREET ADDRESS**)

TAMPA

FL 33626

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.

Craig Perkins
Signature of a member or authorized representative of a member

CRAIG PERKINS

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.

Craig Perkins
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

TNHS18 (05/08)

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