

4-2000098365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 25 2015

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Kayak St Augustine LLC
Name of Corporation

DOCUMENT NUMBER: L12000098365

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Greg Braswell
Name of Contact Person

KAYAK St Augustine LLC
Firm/Company

PO Box 840016
Address

St Augustine FL 32080
City/State and Zip Code

floridadventures@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Greg Braswell at (904) 315-8442
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Kaysk St Augustine LLC
2. The principal office address: 612 Sands Dr St Augustine FL 32080
3. The mailing address (if different): PO Box 840016 St Augustine FL 32080
4. Date of incorporation/qualification: July 31 2012 Document number: 212000098365

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Geremiah Braswell
612 Sand Dr
St Augustine FL 32080

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Greg Braswell
612 Sands Dr
P.O. Box NOT acceptable
St Augustine FL 32080

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Geremiah Braswell
Signature of an officer or director

Geremiah Braswell
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
Signature of Registered Agent

2/18/15
Date

If signing on behalf of an entity:

Greg Braswell
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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