

(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



300249309403

07/05/13--01003--017 \*\*25.00

2013 JUL -5 PK 3: 20
SECREINGLE FLOORE

B. BOSTICK JUL **- 8** 2013

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Captain Howard Dorr, Jr. 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:

Howard Dorr, Jr.

Name of Person

Captain Howard Dorr, Jr. LLC

Firm/Company

17264 San Carlos Blvd #302-104

Address

Fort Myers Beach, FL 33931

City/State and Zip Code

mvcaptaindorr@aol.com

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

For further information concerning this matter, please call:

Howard Dorr, Jr.

., 603

380-0461

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. Na	me of the limited liability company: Captain Howard Don	, Jr. LLC				
2 (0)	Dringing office address of limited liability samps	n√· 696 Chippewa Trail				
	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)	Fort Myers Beach				
	(NOIE. MOST BESTREET ADDRESS)	FL 33931				
	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	17264 San Carlos Blvd #302-104				
		Fort Myers Beach				
	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	FL 33931				
August 2	8 2012	L 12000110599				
3. Date of filing/registration in Florida		<del></del>				
s. Da	te of filing/registration in Florida	4. Document number				
5. (a)	Registered Agent and Registered Office shown or	n the records of the Flori	ida Dept.	of Stat	te:	
	Registered Agent:	United States Corporation Agents, Inc.				
	3.2.2.2.2.2.2.3	<u> </u>	<b>∑</b> ∪:	28		
	Registered Office Address:	13302 Winding Oaks Court		تت		
		Suite A	조조	U.	11	
		Tampa, FL 33612	10			
			25.2	က်	1	
<i>(</i> b)	Enter name of <b>NEW Registered Agent</b> and/or <b>NI</b>	EW Registered Office	addreeë	-0		
(0)	Effect frame of 14E 44 Registered Agent and of 141	W Registered Office 2	<u>n</u> .	<u> </u>	. ~~~	
	NEW Registered Agent:	Howard Dorr, Jr.	05	ယှ	"saur"	
			===	72		
	NEW Registered Office Address:	696 Chippewa Trail	F3.			
	(MUST BE FLORIDA STREET ADDRESS)					
		Fort Myers Beach		FL_3393	31	
confin and th liabilit the me the op	limited liability company is not organized under the med that after the change or changes are made, the e business office of the registered agent will be identified to be ident	Florida street address of ntical. Or, in the case of s) was/were authorized	the regist a Florida by an affir	tered of Limite rmativ	office ed e vote of	
	O Dorr, Jr. Or typed name of signee	_				
	by accept the appointment as registered agent and with the provisions of all statutes relative to the pain familiar with and accept the obligations of my fer 608. F.S. Or, if this document is being filed to mess. I hereby confirm that the limited liability compa	agree to act in this cape roper and complete per vosition as registered ag verely reflect a change if ny has been notified in v	acity. I fu formance ent as pro n the regis vriting of	rther of of my ovided stered this ch	agree to duties, for in office lange.	

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

Signature of Registered Agent