# 12000129175

(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:			
J. HORNE			
MAY 2 6 2022			
5/10			

Office Use Only



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2022 MAY 16 AM 10: 59
SECRETARY OF STATE O



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SECKLIFILA STATE TALLAHASSEE, FL

# FLORIDA DEPARTMENT OF STATE Division of Corporations

April 19, 2022

IAN D KELLY PO BOX 27307 PANAMA CITY, FL 32411 US

SUBJECT: RUNAWAY BAY LLC Ref. Number: L12000129175

We have received your document and check(s) totaling \$165.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 322A00009055

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

### COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: Runaway Bay Name of Lim	LLC ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to	o the following:	
Ian D. Kelly Name of Person		
Runaway Bay, LLC Firm/Company		
P.O. Box 27307 Address		
Panama City, JL 32411 Git/State and Zip Code		
iankelly 5@ gol-com E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter, please cal		
Tan D. Kelly at (7) Name of Person	04 ) <u>U48-1945</u> Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Englosed 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 605.0114 or 605.0116, 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.

. Na	me of the limited liability company: Runaway Bay, LLC	С	
(a)	3901 Thomas Dr.	(b)	
,,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	PanamaCityBeach,FL32408		
	Date of filing/registration in Florida	4.	Document number
(a)	Kathryne Shafer		
	Registered Agent and Registered Office shown on the records of the 3901 Thomas Dr.	he Florida Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<del></del>
	Panama City Beach , FL	32408	
(b)	lan D Kelly		FIL 2022 MAY 16 SECRE TARY ALL AHASSEE
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office address:	YII
	3901 Thomas Dr		
	NEW Registered Office Address:		ED Mino: 59 OF STAIL OF LGAP
	Panama City Beach, FL_	32408	
nange gent w as/we e arti	mited liability company is not organized under the law or changes are made, the Florida street address of the real be identical. Or, in the case of a Florida limited liab the authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law	registered office bility company, I the limited lial imited liability	e and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
	ure of a member or authorized representative of a member		
nipea	ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete programs of my position as registered agent as provided by reflect a change in the registered office address. I he writing of this change.	e to act in this performance of for in Chapter ereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accep 605, F.S. Or, if this document is being filed hat the limited liability company has been
ignatul	Division-of Corporations P.O. B	ox 6327• Talla	ahassee, FL 32314

**FILING FEE: \$25.00**