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B. BOSTICK
SEP 1 3 2013
EXAMINER

COVER LETTER

TO: Registration Section **Division of Corporations** Southern Style Sport Fishing 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: Mary J Salyers Name of Person Firm/Company 105 Westminster Dr Address Tavernier, FL 33070 City/State and Zip Code marysalyers@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary Salvers STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 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: Southern Style Sport Fish	ning LLC			
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	105 Westminster Dr Tavernier, FL 33070			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	105 Westminster Dr Tavernier, FL 33070			
November 20, 2012	L 12000146144		d-17 - 1	
3. Date of filing/registration in Florida	I. Document number			
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida I	Dept. of S	tate:	
Registered Agent:	Legal Zoom			
Registered Office Address:	101 N Brand Blvd. 11th floor Glendale. CA 91203		26	·
	Glendale, CA 91203		3 SHF	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	Registered Office addr	HASARY O	12	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
<u>NEW</u> Registered Agent:	Mary Salyers		유	<u></u> ,
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	105 Westminster Dr	985 1086	2: 40	
	Tavernier	,FL	33070	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identi liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the cal. Or, in the case of a F was/were authorized by a	registered lorida lim n affirma	d office nited tive vot	te of
J.J				
Mary J Salyers Printed or typed name of signee				
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the providend I am familiar with and accept the old gradient of the provident o	ree to act in this capacity per and complete perform ition as registered agent of ely reflect a change in the has been notified in writi	in I furthe sance of it as provid registering of this	er agree ny duti ed for i ed offic a chang	e 10 es, in ee e.
Division of Corporations, P.O. Box 632	27. Tallahassee, FL 3231	14		

FILING FEE: \$25.00

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