

((H2100247773 3)))

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000247773 3)))



H210002477733ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

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

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407)425-7010
Fax Number : (407)425-2747

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
GHOST VENTURES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

((H21000247773 3)))

RECEIVED

2021 JUN 24 PM 12:52

FILED
2021 JUN 24 AM 11:03
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ghost Ventures, 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:

Christine Weingart

Name of Person

Zimmerman, Kiser & Sutcliffe, P.A.

Firm/Company

315 E. Robinson Street, Suite 600

Address

Orlando, FL 32801

City/State and Zip Code

corporate@zkslawfirm.com

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

For further information concerning this matter, please call:

Jamie Brown

407

563-4350

at ()

Name of Person

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

((H21000247773 3)))

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.

1. Name of the limited liability company: Ghost Ventures, LLC

2. (a) 1551 University Blvd., Suite 14, Orlando, FL 32803

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) 841 Nottingham St., Orlando, FL 32803

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

December 12, 2012

L12000155636

3. Timothy M. Brown

4. Document number

5. (a) Timothy M. Brown

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

841 Nottingham Street

Orlando, FL 32803

(b) Christine Weingart

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

315 E. Robinson Street, Suite 600

Orlando, FL 32801

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.

Tim Brown
Signature of a member or authorized representative of a member

Timothy M. Brown

Printed or typed name of signer

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 605, 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.

Christine Weingart
Signature of Registered Agent

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

FILING FEE: \$25.00

INRS18 (2/14)

((H21000247773 3)))

FILED
2012 JUN 24 AM 11:03
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA