

L13000004071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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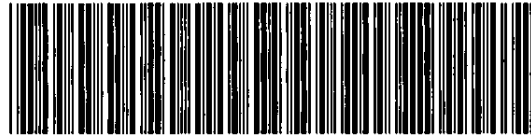
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB - 6 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aquatic Destinations, 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:

Julie S Fountain
Name of Person

Aquatic Destinations, LLC
Firm/Company

117 Oleander Circle
Address

Panama City Beach, FL 32413
City/State and Zip Code

jfountain44@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie S Fountain at (678) 621 3545
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 21, 2014

JULIE S FOUNTAIN
117 OLEANDER CIRCLE
PANAMA CITY BEACH, FL 32413

SUBJECT: AQUATIC DESTINATIONS, LLC.
Ref. Number: L13000004071

We have received your document for AQUATIC DESTINATIONS, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

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) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 914A00001369

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: Aquatic Destinations, LLC
2. (a) Principal office address of limited liability company: 117 Oleander Circle
Panama City Beach, FL 32413
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 117 Oleander Circle
Panama City Beach, FL 32413
(Note: **MAY BE POST OFFICE BOX**)
- 02/01/13 3. Date of filing/registration in Florida
- L13000004071 4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: Julie S Fountain
- Registered Office Address: 6905 Thomas Dr
Unit 503
Panama City Beach, FL 32408
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- NEW** Registered Agent: Julie S Fountain
- NEW** Registered Office Address: 117 Oleander Circle
Panama City Beach, FL 32413
(**MUST BE FLORIDA STREET ADDRESS**)

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.

Julie S Fountain
Signature of a member or authorized representative of a member

Julie S Fountain
Printed or typed name of Signee

I hereby accept the appointment as registered agent and agree to act in this capacity and 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.

Julie S Fountain
Signature of Registered Agent

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

FILED
14 FEB -3 AM 11:11
TALLAHASSEE, FLORIDA
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