613000027176

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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December 4, 2013

VIVIAN CAYLOR 3164 MEDINAH CIRCLE EAST LAKE WORTH, FL 33467

SUBJECT: PADDLEBOARD CONNECTION, LLC

Ref. Number: L13000023176

We have received your document for PADDLEBOARD CONNECTION, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 213A00027603

COVER LETTER

SUBJECT: Paddleboard Connection, LLC			
Name of Corporation			
DOCUMENT NUMBER: L13000023176	_		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted fo	r filing.		
Please return all correspondence concerning this matter to the following:			
Vivian Caylor	_		
Name of Contact Person	_		
Paddleboard Connection, LLC			,
Firm/Company	_		
3164 Medinah Circle East			
Address			
Lake Worth, FL 33467		[a]	
City/State and Zip Code		(C)	÷
paddleboardconnection@gmail.com	1 1-	S S	
E-mail address: (to be used for future annual report notification	<u>n)</u>	57 22 23	
For further information concerning this matter, please call:	ديا	·E-	
Vivian Caylor at (561)260-2628		<u>. </u>	
Name of Contact Person Area Code & Daytime Te	lephone l	Numbe	er
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Amendment Section Street Address: Amendment Section			
Division of Corporations Division of Corpora	tions		
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Cen	ter Circl	e	

Tallahassee, FL 32301

TO: Amendment Section Division of Corporations

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.

agent, or over, in the state of 1 tortal.	
1. Name of the limited liability company: Peddle boo	ard Connection
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	3164 Medinah Circle East Lake Worth, FL 33467
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3164 Medinah Circle EAST Looke Worth, FL 33467
2/13/2013	L 13000023176
3. Date of filing/registration in Florida 4	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	Corporation Service Company
Registered Office Address:	1201 Hays Street
	Tallahussee, FL 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address:
NEW Registered Agent:	Vivian Caylor 3
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3164 Medinah Circle East
	LAKE WOTTH EL 33467
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identic liability company, it is hereby confirmed that the change(s) with the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or achorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
Printed or typed name of signee	
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the project and I am familiar with and accept the obligations of my posi Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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