

L13000148451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

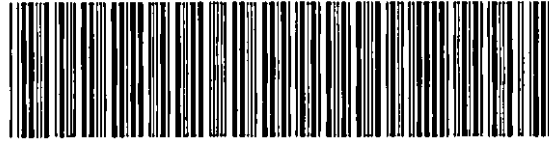
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLYING GOPHERS, 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:

SUZANNE DUFF, attorney-in-fact

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

8924 SW 42nd Place

\_\_\_\_\_  
Address

Gainesville, FL 32608

\_\_\_\_\_  
City/State and Zip Code

SS-MILLS@HOTMAIL.COM

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

For further information concerning this matter, please call:

DANIEL T. WHITE, ESQ.

at ( 352 ) 378-4444

\_\_\_\_\_  
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

8924 SW 42<sup>nd</sup> Place  
Gainesville, Florida 32608

September 28, 2020

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

*re: Flying Gophers, LLC (Doc # L13000148451)*

To Whom It May Concern:

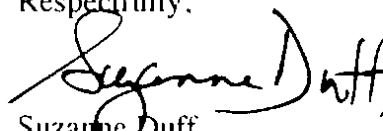
Please find the following two documents for immediate filing in regards to the above-referenced limited liability company:

- *Statement of Authority (re: Suzanne Duff).*
- *Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company.*

In regard to the filings, I have enclosed a check made payable to **Florida Department of State** in the amount of **\$50.00** (\$25.00 per filing for each of the two filings).

Should you have any questions, please contact me or Daniel T. White, Esq. at (352) 378-4444.

Respectfully,

 *Suzanne Duff, attorney-in-fact for Charles*  
Suzanne Duff,

attorney-in-fact for Charles R. Slater

Encls.

c: Daniel T. White, Esq.

**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: FLYING GOPHERS, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

2340 SW 26th Ave

8924 SW 42nd Place

Ft. Lauderdale, FL 33312

Gainesville, FL 32608

10/21/2013

L13000148451

3. Date of filing/registration in Florida 4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Charles R. Slater

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2350 SW 26th Ave

Ft. Lauderdale, FL 33312

FL

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

SUZANNE DUFF

**NEW Registered Office Address:**

8924 SW 42ND PLACE

GAINESVILLE

FL 32608

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.

Suzanne Duff  
Signature of a member or authorized representative of a member

SUZANNE DUFF, attorney-in-fact for Charles R Slater

Printed or typed name of signee

*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.*

Suzanne Duff  
Signature of Registered Agent

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

2013 OCT - 1 AM 11:58