## L14000051333

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
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## **COVER LETTER**

TO:

Registration Section

Divi	sion of Corporations						
SUBJECT:	BAYCRAFT RESTORATION, LLC						
SOBSECT.	Name of Limited Liability Company						
Dear Sir or N	Madam:						
The enclosed	d Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.				
Please return	all correspondence concerning th	nis matter to the t	following:				
RORY B.	WEINER, ESQ.						
	Name of Person		_				
RORY B.	WEINER, P.A.						
	Firm/Company	-	<del></del>				
635 W. LU	JMSDEN ROAD						
	Address		_				
BRANDOI	N, FL 33511						
	City/State and Zip Code		_				
rweiner@ı	roryweiner.com						
E-mail	address: (to be used for future and	nual report notifi	cation)				
For further in	nformation concerning this matter	, please call:	,				
RORY B.	WEINER, ESQ.	813	681-3300				
	Name of Person	ur (	Area Code & Daytime Telephone Number				
Regi Divi Clift 2661	SEET/COURIER ADDRESS: istration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enc	losed is a check for the following	g amount:					
<b>2</b> \$2	25 Filing Fee	<b>□</b> \$5	5 Filing Fee & Certified Copy				
INHS18 (2/14	<b>(</b> )						

## 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. Na	me of the limited liability company: BAYCRAFT	REST	<u>OR</u>	ATION	, LLC			
2. (a) _	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b) .		Mailing address of limited lie	•	-	
	1211 Hamlet Ave., Suite B		(	611 S.	Fort Harrison #368			
	Clearwater, FL 33756			Clearwater, FL 33756				
	03/28/2014		L	140000	051333			
3.	Date of filing/registration in Florida	_ 4.	_		Document number			
5. (a)	Rita M. Vilaysack							
J. (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida E	ept. of St	 ate:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>(SS)</u>		<del></del>			
	1211 Hamlett Ave., Suite B	<u> </u>				ਲ	∑s	
	Clearwater	3375	33756			000	Z.E.	
	NEW Registered Office Address:				_	2: 08	10000	
	635 W. Lumsden Road							
		L 3351				1 di sa	. 6	
the cha agent v was/we	mited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the re iability of the l	gist con limit	ered offi npany, it ed liabil	ce and the business office is hereby confirmed that ity company or as othery	e of the re t the chang	gistered ge(s)	
Signat	ure of a member of authorized representative of a member	_	R	ory B	Printed or typed name of s	signee		
I herei provisi the obl to mere notified	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	gree to de perfoi ed for it hereby	act i rma in Ci r coi	n this cance of mapter 6	pacity. I further agree t y duties, and I am famili 05, F.S. Or, if this docu at the limited liability cor	o comply v ar with an nent is bei npany has	vith the d accep ng filed been	
-								
Sugnatu	r okkensjered Agent							