

L14 0000 99731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

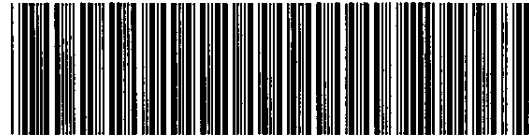
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TALLAHASSEE, FL

Ra Change

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Poseidon Hotel 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:

Ron V. Flick

Name of Person

Compass Group

Firm/Company

961687 Gateway Blvd. Suite 201 J

Address

Amelia Island, Florida 32034

City/State and Zip Code

✓ ron.flick1@gmail.com

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

For further information concerning this matter, please call:

Ron V. Flick

904

261-0059 Ext 28

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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: Poseidon Hotel Ventures, LLC

2. (a) 961687 Gateway Blvd. Suite 201J (b) 961687 Gateway Blvd. Suite 201J

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Amelia Island, Florida 32034

Amelia Island, Florida 32034

June 23, 2014

L14000099731

3. Date of filing/registration in Florida

4. Document number

5. (a) Glenn D. Storch

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

420 South Nova Road

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Daytona Beach, FL 32214

(b) Ron V. Flick

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

961687 Gateway Blvd.

NEW Registered Office Address:

Suite 201J

Amelia Island, FL 32034

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

Randy McHenry
Signature of a member or authorized representative of a member

Randy McHenry

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.

[Signature]
Signature of Registered Agent