L14000100420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

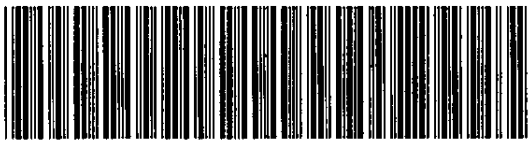
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
wrong form

Office Use Only



200279066742

11/19/15--01018--010 **35.00

FILED
2015 DEC 28 P 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 29 2015

S MASON

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2015

BROCK LINDSTROM
968 HAMPTON CIRCLE
NAPLES, FL 34105

SUBJECT: FOXTROT GOLF, LLC
Ref. Number: L14000100420

We have received your document for FOXTROT GOLF, 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):

The form you submitted is for a CORPORATION - INC., but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return 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.

Stacey M Mason
Regulatory Specialist II

Letter Number: 815A00024577

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Foxtrot Golf, 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:

Brock Lindstrom
Name of Person

Foxtrot Golf, LLC
Firm/Company

968 Hampton Circle
Address

Naples, FL 34105
City/State and Zip Code

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

For further information concerning this matter, please call:

Brock Lindstrom at (561) 543-7040
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 (As stated on the Cover Letter, you already have a check from me for $35. Please remit the $10 overpayment to me)

☐ $55 Filing Fee & Certified Copy

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: Foxtrot Golf, LLC

2. (a) 968 Hampton Circle.
Principal office address of limited liability company:
(*Note: MUST BE STREET ADDRESS*)
Naples, FL 34105

(b) 968 Hampton Circle
Mailing address of limited liability company:
(*Note: MAY BE POST OFFICE BOX*)
Naples, FL 34105

3. 06/23/2014
Date of filing/registration in Florida

4. L14000100420
Document number

5. (a) Brock Lindstrom
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7960 Preserve Circle #632
Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)
Naples, FL 34119

(b) Brock Lindstrom
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
968 Hampton Circle
NEW Registered Office Address:
Naples, FL 34105

FILED
2015 DEC 28 P 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Signature of a member or authorized representative of a member

Brock Lindstrom
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.

Signature of Registered Agent

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

INHS18 (2/14)