

L14000101370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

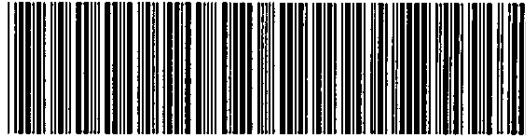
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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L14-101370
Change of RA/RO

09/10/15--01016--018 **35.00

FILED
15 OCT -5 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT -5 2015
N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DISCOVER VACATIONS, 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:

ARIC CELESTE
Name of Person

DISCOVER VACATIONS, LLC
Firm/Company

8758 SEMINOLE BLVD.
Address

SEMINOLE, FL 33772
City/State and Zip Code

DISCOVERVACATIONS1@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARIC CELESTE at (727) 954-8601
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2015

ARIC CELESTE
DISCOVER VACATIONS LLC
8758 SEMINOLE BLVD.
SEMINOLE, FL 33777

SUBJECT: DISCOVER VACATIONS, LLC
Ref. Number: L14000101370

We have received your document for DISCOVER VACATIONS, 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 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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 015A00019693

**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: DISCOVER VACATIONS, LLC

2. (a) 8758 SEMINOLE BLVD (b) 8758 SEMINOLE BLVD

Principal office address of limited liability company:

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

SEMINOLE, FL 33772

Mailing address of limited liability company:

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

SEMINOLE, FL 33772

6-25-14

L14000101370

3. Date of filing/registration in Florida

4. Document number

5. (a) ARIC CELESTE

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

9117 PARK BLVD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SEMINOLE, FL 33777

(b) ARIC CELESTE

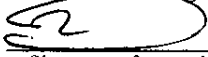
Enter name of NEW Registered Agent and/or NEW Registered Office address:

8758 SEMINOLE BLVD.

NEW Registered Office Address:

SEMINOLE, FL 33772

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

ARIC CELESTE

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

FILED
15 OCT -5 PM 2:37
CLERK OF STATE
TALLAHASSEE, FLORIDA