

L14000107503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

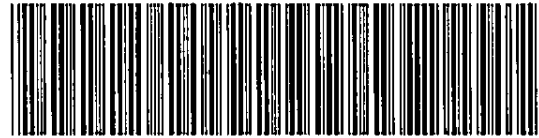
(Business Entity Name)

(Document Number)

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FILED  
AUG 21 10 28 AM '17

D. SCOTT

AUG 24 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sno Beach 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:

Kelly Fitzpatrick

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

Sno Beach LLC

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

310 Main St

\_\_\_\_\_  
Address

Safety Harbor, FL 34695

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

kfitz@veteransplus.org

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

For further information concerning this matter, please call:

Kelly Fitzpatrick

at ( 727 )

7986398

\_\_\_\_\_  
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

FILED  
MAR 21 2017  
17

**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: Sno Beach LLC

2. (a) 310 Main St Safety Harbor, FL 34695 (b) 221 Short St Safety Harbor, FL 34695  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. (7/8/2014 Original File Date)(Change 8/17/17 4. L14000107503  
Date of filing/registration in Florida Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
2519 N McMullen Booth Rd Suite 510  
Clearwater, FL 33761

FILED  
JUL 17 2017  
CLERK OF COURT  
TALLAHASSEE, FL

(b) Kelly Fitzpatrick  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address:  
310 Main Street  
Safety Harbor, FL 34695

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.

Kelly Fitzpatrick Kelly Fitzpatrick  
Signature of a member or authorized representative of a member 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.*

Kelly Fitzpatrick  
Signature of Registered Agent