L14000 115854

(Re	questor's Name)						
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

, FILED

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	Reaper Boatworks LLC.		
		ne of Limited	Liability Company
Dear S	ir or Madam:		
The en	nclosed Registered Agent/Registered Offi	ice Change an	d fee(s) are submitted for filing.
Please	return all correspondence concerning the	is matter to th	e following:
John	Harper		
	Name of Person		
Reap	per Boatworks LLC.		
_	Firm/Company		 -
5825	La Puerta Del Sol Blvd. Apt 164		
	Address		
St. P	etersburg, FL. 33715		
	City/State and Zip Code		
John	harper@reaperboatworks.com		
E	E-mail address: (to be used for future ann	nual report not	ification)
For fu	rther information concerning this matter,	please call:	
John	Harper	407	973-6049
	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	F 19 19	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Callahassee, Florida 32314
	Enclosed is a check for the following	g amount:	
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS1	8 (2/14)		

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:	works L	LC.		
2.	(a)	5825 La Puerta Del Sol Blvd.	Œ	b) 5825 La Puerta Del Sol Blvd.		
٠.	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability co (Note: MAY BE POST OFFICE)		
		Apt 164		Apt 164		
		St. Petersburg, FL. 33715		St. Petersburg, FL. 33715		
		07/23/2014		L14000115854		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	HARPER, JOHNATHAN C				
** ()	Registered Agent and Registered Office shown on the records o 5825 LA PUERTA DEL SOL BLVD	f the Florida	la Dept. of State:			
		Registered Office Address (MUST BE FLORIDA STREET APT. 164	ADDRESS	<u>(S)</u>		
		St. Petersburg , F	L 33715		14 DEC SECRET	
	(b)	HARPER, JOHNATHAN C		TA A	4 DEC -3 PMI	, '
	,	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	ddress:		
		2840 Frontier Dr.			PM 10: 55	
		NEW Registered Office Address:	<u></u>		55 255	
		Kissimmee	L 34744			
the age	cha ent v .s/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be 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	aws of the of the regiliability control	e State of Florida, it is hereby confirmed the sistered office and the business office of the company, it is hereby confirmed that the characteristic liability company or as otherwise pro-	e registered ange(s)	
		- Station		hn Harper		
(Signa	ture of a member or authorized representative of a member		Printed or typed name of signee		•
II pro the to no	here oviși obl merc tified	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provide ely reflect a change in the registered office address, d in writing of this change.	gree to ac e perform led for in I hereby c	ct in this capacity. I further agree to comp nance of my duties, and I am familiar with Chapter 605, F.S. Or, if this document is confirm that the limited liability company i	ly with the and accept being filed as been	
Si	gnatu	re of Registered Agent				

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