## <u> L14000171497</u>

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J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations	
Longboat Key Opportunitie SUBJECT:	s LLC
	me of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
George Reenstra	
Name of Person	_ <del>.</del>
Longboat Key Opportunities LLc	
Firm/Company	
Unit 603 1211 Gulf of Mexico Drive	
Address	95° 55
Longboat Key Fla 34228	
City/State and Zip Code	<del></del>
george@yourjet.com	
E-mail address: (to be used for future an	nual report notification)
For further information concerning this matter	r, please call:
george reenstra	201 9061411 at ( )
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	g amount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (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

огіаа		a Onnan	Audaton III O
Nai	me of the limited liability company:	ey Oppor	tuities LLC
(a) _	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  unit 603 1211 Gulf of Mexico drive	(b	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Longboat Key Fla 34228		same as street address
	11   4   14 Date of filing/registration in Florida	4.	LIU000171497 Document number
(a)	Registered Agent and Registered Office shown on the records same as above  Registered Office Address (MUST BE FLORIDA STREET)		<u> </u>
(b) .	same as above,	FL	16 JUL 25 SECRETAR
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> and <u>NEW Registered Agent age</u>	red Office ad	MEJARY OF STATE AHASSFF. FLORIO
	NEW Registered Office Address:		——————————————————————————————————————
		FL	
e char ent was/we	mited liability company is not organized under the nge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited attended by an affirmative vote of the member cles of organization or the operating agreement of the second control of the seco	of the reginal of the reginal of the limited l	stered office and the business office of the regist ompany, it is hereby confirmed that the change(s) itted liability company or as otherwise provided
-	ure of a member or authorized representative of a member		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