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SECRETARY OF STATE TALLIAHASSEE, FLORIDA

2016 WAR - 3 P- 2: 08

MAR 04 2018 BRUCE

COVER LETTER

SUBJECT: Nan	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Raymond Scott Kell	
Name of Person	
Venice Parasailing, LLC	
Firm/Company	
42 Stream Road	
Address	
Lakeville, ME 04487	
City/State and Zip Code	
OCnSpry8@AOL.com	
E-mail address; (to be used for future ann	nual report notification)
,	
For further information concerning this matter,	, please call:
	443 783-1802
For further information concerning this matter,	•
For further information concerning this matter, Raymond Kell Name of Person STREET/COURIER ADDRESS:	Area Code & Daytime Telephone Number MAILING ADDRESS:
For further information concerning this matter, Raymond Kell Name of Person STREET/COURIER ADDRESS: Registration Section	Area Code & Daytime Telephone Number MAILING ADDRESS:
For further information concerning this matter, Raymond Kell Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations AREA AREA MAILING ADDRESS: Registration Section Division of Corporations
For further information concerning this matter, Raymond Kell Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
For further information concerning this matter, Raymond Kell Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
For further information concerning this matter, Raymond Kell Name of Person STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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.

I. Na	une of the limited liability company: Venice Paras	sailing, LLC			
. (a)	1536 Stickney Point Road	(b)			
. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		s of limited liability cor * BE POST OFFICE I		
	Sarasota, FL 34231				·
	02/23/2016	 L14	1000185559		
	Date of filing/registration in Florida	4.	Document i	number	
i. (a)	Raymond Scott Kell				
. <i>(a)</i>	Registered Agent and Registered Office shown on the records of	t'the Florida Dep	et. of State:		
	1536 Stickney Point Road				
	Registered Office Address (MUST RE FLORIDA STREET	ADDRESS)	 		
	Sarasota , F	1, <u>34231</u>		APE 28	
(b)	Raymond Scott Kell			2016 MAR - 3 SECRETARY TALLAHASSI	
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address	<u>;</u> :	SA	5
				3 P 2: 08 WY OF STATE SEE, FLORIDI	
	NEW Registered Office Address:			STA STA	
	1536 Stickney Point road			O8	
	Sarasota . F	L34231			
f the li	imited liability company is not organized under the la	aws of the Stat	te of Florida, it is he	ereby confirmed th	at after
he cha gent v	inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited !	of the registere liability comp	ed office and the bus any, it is hereby con	siness office of the offirmed that the cha	registered ange(s)
vas/wo	ere authorized by an affirmative vote of the members leles of organization or the operating agreement of the	of the limited	Hiability company o	or as otherwise pro	vided in
D	cies of organization of the operating agreement of the		and Scott Kell		
Signa	ture of a member or authorized representative of a member			ped name of signee	
I here provisi he obl to mere notit	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, let in writing of this charge.	zree to act in t e performance led for in Chaj l hereby confu	this capacity. I furt c of my duties, and i pter 605, F.S. Or, i rm that the limited i	her agree to compl I am familiar with I this document is h iability company h	y with the and accep- peing filed as been
-	ic of Registered Agent				

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