

L14000191929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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12/07/15--01053--003 **35.00

FILED
2016 JAN 11 PM 5:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
JAN 13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 JAN 11 PM 4:06
TALLAHASSEE, FLORIDA

December 14, 2015

VINCENT D. BURBANK
753 WESTYN BAY BLVD
OCOE, FL 34761

SUBJECT: ICE GOLF ACADEMY, LLC
Ref. Number: L14000191929

We have received your document for ICE GOLF ACADEMY, 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.

The registered agent must sign accepting the designation.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 115A00026122

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ICE GOLF ACADEMY, 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:

VINCENT BURBANK

Name of Person

ICE GOLF ACADEMY, LLC

Firm/Company

753 WESTYN BAY BLVD

Address

OCFEE / FL / 34761

City/State and Zip Code

vburbank@pga.com

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

For further information concerning this matter, please call:

VINCENT BURBANK

Name of Person

at (907) 907 5975

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: check cashed already

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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: ICE GOLF ACADEMY, LLC

2. (a) 753 WESTYN BAY BLVD (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

OCFEE, FL 34761

3. 12/17/2014 4. L14000191929
Date of filing/registration in Florida Document number

5. (a) LEGAL200M
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 WINDING OAKS CT
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE A
TAMPA, FL 33612

(b) TANYA BURBANK
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

753 WESTYN BAY BLVD
NEW Registered Office Address:

OCFEE, FL 34761

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.

Vincent O. Burbank
Signature of a member or authorized representative of a member

VINCENT O. BURBANK
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
Signature of Registered Agent