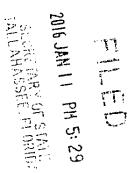
14000191929

(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
	۲,			
WRONG FORM + Sign				
Office Use Only				

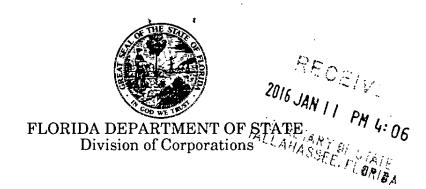


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12/07/15--01053--003 **35.00



K.S.NLY EXAMINER JÄN 13



December 14, 2015

VINCENT D. BURBANK 753 WESTYN BAY BLVD OCOEE, 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

Division of Corporations	
SUBJECT: 1CE GOLF ACADEM Name of	uy, llc
Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
•	
VINCENT BURBANK Name of Person	
ICE GOLF A CADEMY, CU	<u>C.</u>
753 WESTYN BAY BLVD Address	
Cott FL 3476/ City/State and Zip Code	
E-mail address: (to be used for future annual	
For further information concerning this matter, plea	ase call:
VINCENT BURBANK a 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 am	ount: check easted already
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED ØFFICE 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.

l. Na	me of the limited liability company:	IF ACAL	DEMY, LLC	
	753 WESTYN BAY BLVD			
<i></i> (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address	s of limited liability company: / BE POST OFFICE BOX)
	000EE, Ft 3476/			
	Date of filing/registration in Florida		L1400019	919 2 9
3.	Date of filing/registration in Florida	4.	Document	number
5 (a)	LEGAL ZOON_			
J. (u)	Registered Agent and Registered Office shown on the records of t	he Florida Dept	. of State:	
	13302 WINDING DAKS CT			
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	.	2
	SULTE A			TALL J
	TAMPA, FL	33617	2	
(b)	TANYA BURBANK			2016 JAN 11 PH 5: 29 TALLAHLISSEE FLORIGE
	Enter name of NEW Registered Agent and/or NEW Registered	Office address	:	हुन य
	753 WESTYN RAY RLUD			29
	NEW Registered Office Address:			
	OCOEE ,FL	37,	<u>>6/</u>	
the cha agent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	the registere ability compa of the limited	d office and the bu my, it is hereby cor liability company (siness office of the registered afirmed that the change(s)
1	mes the Ma	VII	VCENT O. BUT Printed or ty	RBANK.
Signa	ture of a member or authorized copies mative of a member	· ·	Printed or ty	ped name of signee
provis the obs tomer	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act in t performance d for in Chap hereby confir	his capacity. I furt e of my duties, and i oter 605, F.S. Or, i em that the limited i	her agree to comply with the I am familiar with and accept f this document is being filed liability company has been
Sionsti	ire o'Reaustered Agent			