

L150000010869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

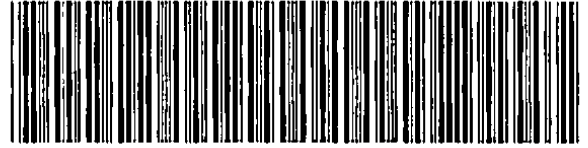
(Document Number)

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Special Instructions to Filing Officer:

Wayne
Butler
gave permission
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2/27/19
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02/19/19--01020--032 **25.00

AND
FILED
2019 FEB 27 PM 10:48
SECRETARY OF STATE
TALLAHASSEE, FL 32301

LLC
RA Cth

02-28-19

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2019

WAYNE BUTLER
13220 LAKEWIND DR
CLERMONT, FL 34711

SUBJECT: NATIONAL TEAM GOLF ASSOCIATION, LLC
Ref. Number: L15000010869

We have received your document for NATIONAL TEAM GOLF ASSOCIATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6052.

Tacarri K Glass
Regulatory Specialist II

Letter Number: 619A00003923

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Team Golf Association
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:

Wayne Butler
Name of Person

NIGA
Firm/Company

13220 Lakeland Dr
Address

Clermont, FL 34711
City/State and Zip Code

Waynebutler00@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wayne Butler at (501) 626 0164
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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
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: National Team Golf Association, LLC

2. (a) _____ (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)

13220 Lakewind Dr.
Clermont, FL 34711

01/20/2015

3. Date of filing/registration in Florida

4. Document number

5. (a) United States Corporation Agents, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding Oak Court
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

A
Tampa, FL 33612

(b) Wayne Butler
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Wayne Butler
NEW Registered Office Address:

13220 Lakewind Dr.
Clermont, FL 34711

AND
FILED
2019 FEB 27 PM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Wayne Butler
Signature of a member or authorized representative of a member

Wayne Butler AMBR
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.

Wayne Butler
Signature of Registered Agent