Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H18000138267;3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078

Phone : (407)843-8880 Fax Number

; (407)244-5690

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGE IT CHANGE **BOAT HOUSE SHADES, LLC**

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Electronic Filing Menu

Corporate Filing Menu

Help

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STA	TEMENT OF CHANGE OF REGISTERED C LIMITED LIAB			ered agent	OR BO	HTC	FO:
Pursua submit Florid		gistered	office or regist	ndersigned limit ered agent, or i	ted (labili both, tn (ty con the St	npai ate
1. N	ame of the limited liability company: BOAT HOUS	SE SHA		<u> </u>			
2. (a)		(b)'				
	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)			ng address of limited			r:
	241 NILSON WAY		241 NILSO	N WAY			
	ORLANDO, FL 32803		ORLANDO,	FL 32803			
	MARCH 16, 2015		L150000465	55			
3.	Date of filing/registration in Florida	- 4.	Do	cument number			
5. (a)							
5. (a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State:				
a							
	Registered Office Address MUST BE FLORIDA STREET	ADDRES	O ther to		3	<u></u>	
	301 E. PINE STREET, SUITE 1400		O;				
			<u>-Q:</u>			₹	
	ORLANDO	32801			SS: -	 ∿0	· · ·
					m,		374
(p)	Bater name of NEW Registered Agent and/or NEW Registered	1 Office ad	divisor.		二。	1	;
	Date and the property of the party of the party of the party of	· Cares ag	···			1 _	
	GARY M. BERKSON		<i>)</i> :		<u>7-</u>	9	
	NEW Registered Office Address:						
	301 E. PINE STREET, SUITE 1400	·					
•	ORLANDO	32801					
				_			
If the I	mited liability company is not organized under the la	ws of the	State of Florida	∟it is hereby cor	firmed th	at aft	er.
the cha	inge or changes are made, the Florida street address of	f the regi	stered office and	the business of	fice of the	regia	ten
agent v	vill be identical. Or, in the case of a Florida limited li	ability co	ompany, it is her	eby confirmed the	nat the ch	ange(3)
the arti	ere authorized by an affirmative vote of the members of organization or the operating agreement of the	or une um : limited l	nied nabinty compan Kability compan	nban'a ot tra ome	rwise pro	Ardea	ın
			CHAEL EVAN	•			
Signa	up of a member or sulhorized representative of a member	7	<u> </u>	ted or typed name o	í signeo		
I herel	by accept the appointment as revistered agent and ag	ree to ac	this capacity	. I further agree	io comp	lv with	h <i>the</i>
	ons of all statutes relative to the proper and complete	perform	c ce of my dutie	s, and I am fami	liar with	and a	ccel
provisi	ivalions of my bosilion as revisierea avent as broviae	g jor m (mprer ous, r.s	i. Ur, ij inis auc Imited liability c	umeni is i ompany h	oeing ias bei	пце еп
provision the oblinere	hareflect a change in the registered office address. I	hereby c	r. murinatine t				
provisi the obli to mere notified	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide the reflect a copinge in the registered office address, I the writing of this ghange.	hereby c	r. in writigt the t				