

L15000137677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Resorts Locksmith Services, 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:

Simon Manyweathers

Name of Person

Resorts Locksmith Services, LLC

Firm/Company

13123 E EMERALD COAST PKWY Suite B #213

Address

Inlet Beach, Fl. 32461 (Used to be 32413)

City/State and Zip Code

resortslocksmithservices@gmail.com

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

For further information concerning this matter, please call:

Simon Manyweathers at (850) 866-5434  
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 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: Resorts Locksmith Services, LLC

2. (a) 13123 E EMERALD COAST PKWY (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Suite B #213

Inlet Beach, FL 32461

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

08/12/2015

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3. Date of filing/registration in Florida

4. Document number

5. (a) Simon R Manyweathers

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1803 MARTHA LANE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Lynn Haven, FL 32444

(b) Michael Wellborn

Enter name of NEW Registered Agent and/or NEW Registered Office address:

4942 US Hwy 98 West

NEW Registered Office Address:

Suite 16

Santa Rosa Beach, FL 32459

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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.

S. Manyweathers

Signature of a member or authorized representative of a member

SIMON R. MANYWEATHERS

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.

Michael Wellborn  
Signature of Registered Agent