

# L160000001605

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2016 JUN -8 A 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 171919 7900674  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

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ORDER DATE : June 7, 2016  
ORDER TIME : 9:32 AM  
ORDER NO. : 171919-005  
CUSTOMER NO: 7900674

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CHANGE OF AGENT

NAME: FLORIDA BNRV SALES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLORIDA BNRV SALES, 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:

THOMAS H. SHIELDS III

\_\_\_\_\_  
Name of Person

FACTORY DIRECT MARINE & RV

\_\_\_\_\_  
Firm/Company

2475 WESTEL ROAD

\_\_\_\_\_  
Address

ROCKWOOD, TN 37854

\_\_\_\_\_  
City/State and Zip Code

TSHIELDS@BOATNRV.COM

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

For further information concerning this matter, please call:

THOMAS H. SHIELDS III

\_\_\_\_\_  
Name of Person

at ( 865 ) 354-2140, EXT. 151

\_\_\_\_\_  
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: Florida BNRV Sales, LLC

2. (a) FACTORY DIRECT MARINE & RV (b) BOAT-N-RV CORPORATE HEADQUARTERS

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

8308 PANAMA CITY BEACH PARKWAY

PANAMA CITY BEACH, FL 32407

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

2475 WESTEL ROAD

ROCKWOOD, TN 37854

12/22/2015

3. Date of filing/registration in Florida

L16000001605

4. Document number

5. (a) Michelle Zaltsberg

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

200 S. Orange Avenue

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

Suite 2900

Orlando, FL 32801

(b) Corporation Service Company

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

1201 Hays Street

**NEW** Registered Office Address:

Tallahassee, FL 32301

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.

[Signature]  
Signature of a member or authorized representative of a member

Thomas H. Shields  
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 Corporation Service Company BY:

**Courtney Williams**  
**Asst. Vice President**

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

**FILED**  
2016 JUN - 8 A 9:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA