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 To:		2017 AUG
.0.	Division of Corporations Fax Number : (850)617-6383	がす
From:	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3335 Fax Number : (954)208-0845	在 5000000000000000000000000000000000000
*Enter ti annu	ne email address for this business entity to be used al report mailings. Enter only one email address plea	for Tuture se.**
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TOMAHAWK HUNTING CAMP, LLC

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Helder Ales

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.

I. Na	ame of the limited liability company: TOMAHAWK II		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	Mailing address of limited liability company: (Note: MAY BE POST OF FICE BOX)
	383 PARKWAY COURT FORT MYERS, FL 33	919	
	1/28/2016	1.16000	019705
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	R & A AGENTS, INC., C/O PAUL A. GIORDANO		
J. (,	Registered Agent and Registered Office shown on the records of th	ic Florida Dept. of S	tale:
	Registered Office Address IMUST HE FLORIDA STREET A	DDRESS)	
	2320_IST STREET SUITE 1000		
	FORT MYERS, FL 33901		
(b)	Enter name of NEW Registered Agent and/or NEW Registered C		
	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	9: 2
	C T Corporation System		
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Planuation, FI. ;		
the chagent was/w the arr	limited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the last a member of authorized representative of a member.	the registered off bility company, if the limited liability company of the limited liability company.	it is hereby confirmed that the change(s) lity company or as otherwise provided in company. Printed or typed name of signee
provise the obtained to men		ec to act in this of performance of no lifer in Chapter (in the confirm the mes M. Hassistant Secretary)	ious and temperature of the filed of the limited liability company has been alpin

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