L14000024420

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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01/09/17--01028--022 **25.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Yacht 2 Share LC. 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:
Scott Saulding Name of Person
Firm/Company
3680 Gateway Drine Address
Formano Beach, FC 33069 City/State and Zip Code
Spotspaulding & Yahoo.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott Spaulding at (954) 415 - 1991 Name of Pelson 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:

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14) Previously Sent



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 11, 2017

SCOTT SPAULDING PO BOX 10447 POMPANO BEACH, FL 33061

SUBJECT: YACHT 2 SHARE LLC Ref. Number: L16000024420 2017 JAN 31 AM 8: 03

We have received your document for YACHT 2 SHARE 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.

The designation of the registered agent must be at a Florida street address.

DATE OF FILING AND DOCUMENT NUMBER MISSING.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 417A00000656

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

Florid	la.
1. N	ame of the limited liability company: Yacht 2 Share LLC
2. (a)	Principal office address of limited Kability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) TOTAL AND BEACH, FC 33069 FL 33061
3. 5. (a)	February 30/6 Date of filing/registration in Florida 4. Document number Spiece & Utrera F.A. Registered Agens and Registered Office shown on the records of the Florida Dept. of State:
	1840 SW 2200 Street Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 4th Floor MiAmi, FL 33/45
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: Possess And Beach September 17 And 18 And
	,FL 3769
agent was/w the art	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company.
Signa	ture of a member of authorized perfesentative of a member Printed of typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in writing of this change.
Signati	ure of Registered Agont

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