

L16000057788

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DEPARTMENT OF REVENUE

MAR 14 2017

J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bleagolf, 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:

Steven Duffany

Name of Person

Bleagolf, LLC

Firm/Company

1593 Lawndale Circle

Address

Winter Park, FL 32792

City/State and Zip Code

inspireus@bleagolf.com

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

For further information concerning this matter, please call:

Steven Duffany

315

955-5824

at (_____) _____

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

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.

Bleagolf, LLC

1. Name of the limited liability company: _____

1593 Lawndale Circle

1593 Lawndale Circle

2. (a) _____

Principal office address of limited liability company:

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

Winter Park, FL 32792

(b) _____

Mailing address of limited liability company:

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

Winter Park, FL 32792

03/22/2016

L16000057788

3. Date of filing/registration in Florida

4. _____

Document number

UNITED STATES CORPORATION AGENTS, INC.

5. (a) _____

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

13302 WINDING OAK COURT

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

A

Tampa

33612

, FL

Steven Duffany

(b) _____

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

Bleagolf, LLC 1593 Lawndale Circle

NEW Registered Office Address:

Winter Park

32792

, FL

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.

Steven Duffany

Steven Duffany

Signature of a member or authorized representative of a member

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.

Steven Duffany

Signature of Registered Agent

FILED
17 MAR 13 PM 12:44

SECRETARY OF STATE
DIVISION OF CORPORATIONS