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COVER LETTER *

INHS18 (2/14)

TO:	Registration Section Division of Corporations			
SUBJI	ROYAL PETS MARKET & RESORT APOPKA LLC			
	Nar	ne of Limited Lia	bility Company	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Of	fice Change and f	ee(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to the fo	ollowing:	
ANTO	ONIO REGOJO			
	Name of Person		_	
REG	OJO LAW, PA			
	Firm/Company			
12550	BISCAYNE BLVD STE 110			
	Address			
MIAM	II, FL 33181			
	City/State and Zip Code		_	
AREC	GOJO@REGOJOLAW.COM			
E	E-mail address: (to be used for future and	nual report notific	ation)	
For fur	ther information concerning this matter	, please call:		
BROO	OKE MORLEY	727 at (692-8004	
	Name of Person		Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:		ILING ADDRESS:	
	Registration Section		stration Section	
	Division of Corporations Clifton Building		sion of Corporations Box 6327	
	2661 Executive Center Circle		ahassee, Florida 32314	
	Tallahassee, Florida 32301	7 4111		
	Enclosed is a check for the following amount:			
	2 \$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.

IS MARKET & RESORT APOPKA LLC
KA (b) ROYAL PETS MARKET & RESORT HOLI
Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 33550 US HWY 19 N
PALM HARBOR, FL 34684
L14000111270 #216000111270
4. Document number
of the Flurida Dept. of State:
ADDRESS) AND SILVALIAN SI
33137
rd Office address:
L 33181
aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in the limited liability company. DENISE WOLIN-GORE
Printed or typed name of signee
gree to act in this capacity. I further agree to comply with the le performance of my duties, and I am familiar with and accept led for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been

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