L16000 130 844

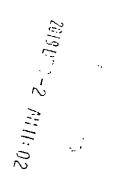
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





300337524673

12/02/19--01009--009 **25.00



R. WHITE
JAN 11 2020

COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	CLUB SAVOR, LLC					
	Name of Limited Liability Company					
Dear Sir	or Madam:					
The encl	losed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning th	nis matter to the f	following:			
ROGER	CURLIN					
	Name of Person		_			
CLUB S	AVOR, LLC					
	Firm/Company		_			
4535 6T	H AVE N					
	Address					
ST. PET	ERSBURG / FLORIDA 33713					
	City/State and Zip Code		 -			
ROGER	@CLUBSAVOR.COM					
E-1	mail address: (to be used for future an	nual report notifi	cation)			
For furth	ner information concerning this matter	, please call:				
ROGER	CURLIN	727 at (698-1784			
	Name of Person		Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following	g amount:				
	■ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy			

INHS18 (2/14)

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.

	CLUB SAVOR, LLC		(b) CLUB SAVOR, LLC			
. (a)	Principal office address of limited liability company; (<u>Note: MUST BE STREET ADDRESS</u>)	······ \	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	4535 6TH AVE N		4535 6TH	AVE N		
	ST. PETERSBURG, FL 33713		ST. PETE	RSBURG, FL 3371	3	
	JULY 11, 2016		L16000130	844		
	Date of filing/registration in Florida	4.		Document number	er	
. (a)						
. (,	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of Stat	e:		
	KOHL, MICHAEL J			_		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>			
	9800 4TH STREET NORTH, #208			_		
	ST. PETERSBURG	33711				
				_	2019	
(b)				_	——————————————————————————————————————	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	<u>ddress</u> :		ĺ	
	ROGER CURLIN				2 /	
	NEW Registered Office Address:			_	MIII: 02	
	4535 6TH AVE N				1:0	
		··· =		_	۲V	
	ST. PETERSBURG	33713				
				_		
the t	imited liability company is not organized under the la- or changes are made, the Florida street address of the	vs of the register	2 State of Flo red office an	orida, it is hereby d the business off	confirmed that after the ice of the registered	
nange		ahilin c		محبية المحبورة المطامسة والم		
range gent v	vill be identical. Or, in the case of a Florida limited li		ompany, it i	s nereby commine	d that the change(s)	
hange gent v as/we	ere authorized by an affirmative vote of the members of	of the lir	nited liabilit	v company or as o	d that the change(s) otherwise provided in	
iange gent v as/we	will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	of the lir limited	nited liabilit	y company or as c npany.	d that the change(s) otherwise provided in	
nange gent v as/we ie arti	ere authorized by an affirmative vote of the members of	of the lir limited	nited liabilit liability con	y company or as c npany.	otherwise provided in	