## L/6000/42237

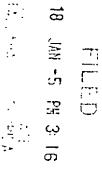
(Requestor's Name)							
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PICK-UP	☐ WAIT	MAIL					
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Special Instructions to	Filing Officer:						
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LEGGETT



November 9, 2017

ASHLEY SPILLER 727 KARI CIR LEHIGH ACRES, FL 33971 US RECEIVED

JAN - 8 2018

SUBJECT: GULF COAST PARTY RENTALS LLC

Ref. Number: L16000142237

We have received your document for GULF COAST PARTY RENTALS 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):

PLEASE PRINT THE NAME OF THE AUTHORIZED SIGNATURE.

Please return the corrected original and one copy of 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.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 617A00022787

www.sunbiz.org

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: Coulf Coast Party Remals LLC Name of Limited Liability Company									
The enclosed Articles of Amendment and fee(s) at Please return all correspondence concerning this management									
<u>As</u>	htey Spiller ast Party Rentals LLC								
Gulf (Jast Party Kentals LLC Finn Company)									
Address  City/State and Zip Code  City/State and Zip Code									
For further information concerning this matter, pl	ease call:  at (2.30) 3/3/12_L/L  Area Code Daytime Telephone Number								
Enclosed is a check for the following amount:  \$25.00 Filing Fee \$30.00 Filing Fee Certificate of Ste									
MAHANG ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, Fl. 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle								

. Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOY 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:	<u>St</u>	Yar	41	Kentals LLC
2	(a)	727 Kari Civ		(b)	$\lesssim P$	M E
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•	(")	~	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		lehigh Acres Fr 33974				
			-			
			•		_	
		7/28/2016		( )	(0)	100142237
3.		Date of filing/registration in Florida	4.			Document number
5.	(a)	Legaline Corporate Service	5	IN	$\mathcal{C}$	
	` ,	Registered Agent and Registered Office shown on the records of the	Flor	rida Dept. o	of State	- e:
		5237 Summerin Commi	W,	<u>S</u>	. <u> </u>	
		Registered Office Address (MUST BE FLORIDA STREET AD	DRE	ESS)		
		FORT Myers Fr 33907				- :- : <del>-</del> :- : <del>-</del> :- : :- : :- : :- :
		, FL				
	(b)	Tark Nicholar Spiller	7	R		-5 -5 -5
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Of	ffice	address:		
		777-1/10 (1)				$_{0}$ $\sim$ $\omega$
		TZT KOZI CIV NEW Registered Office Address:				- 6
		Lehigh Acres TL 339	, — !	74		
				<u></u>		-
		lehigheteres .FL	3	397	4	-
the age wa	ent v s/wo	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the ease of a Florida limited liability authorized by an affirmative vote of the members of the organization or the operating agreement of the limited liability.	e re ility the l	gistered of company limited lia	office y, it is ability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
		ten n	_	Jac	CIC	Spiller JR
		ture of a member or authorized representative of a member				Printed or typed name of signee
pro the to	ovisi obl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided fely reflect a change in the registered office address, I her in writing of this change.	to e erfoi for i reby	act in this rmance of n Chapter confirm	s capa f my c r 605 that i	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been