## 116000203174

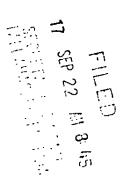
| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |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

Office Use Only



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## COVER LETTER

| Re<br>Di                                   | REET/COURIER ADDRESS: gistration Section vision of Corporations ifton Building | Re<br>Di         | AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 |                       |  |
|--|--|------------------|--|-----------------------|--|
| Re   | gistration Section   | Re               | egistration Section  |                       |  |
|  |  |                  |  |                       |  |
|  |  |                  |  |                       |  |
|  | Name of Person   |                  | Area Code & Daytime Te   | elephone Number 💎 🦰 🤭 |  |
| Michael (                                  |  | at (             | 493-1863   |                       |  |
| For further                                | information concerning this matter   | , please call;   |  | 22 :                  |  |
| E-ma                                       | il address: (to be used for future and   | nual report noti | lication)  | 5E T                  |  |
| mike@si                                    | urf-stash.com  |                  |  |                       |  |
|  | City/State and Zip Code  |                  |  | ٨                     |  |
| Sanford,                                   | FL 32771   |                  |  |                       |  |
|  | Address  |                  |  |                       |  |
| 5224 W                                     | SR 46, No. 101   |                  |  |                       |  |
|  | Firm/Company   |                  |  |                       |  |
| Surf Stas                                  |  |                  |  |                       |  |
|  | Name of Person   |                  |  |                       |  |
| Michael                                    |  |                  | <del></del>  |                       |  |
| Picase retu                                | rn all correspondence concerning th  | ns matter to the | ionowing:  |                       |  |
|  |  | -                | . ,  | ng.                   |  |
|  | ed Registered Agent/Registered Off   | fice Chapay and  | foote) are cubmitted for fili  | nu.                   |  |
| Dear Sir or                                |  |                  |  |                       |  |
| SUBJECT: Name of Limited Liability Company |  |                  |  |                       |  |
|  | Surf Stash, LLC  |                  |  |                       |  |
|  |  |                  |  |                       |  |

## 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.

| 1. Na  | ame of the limited liability company: Surf Stash, L  | LC  |   |  |
|--|--|---|---|--|
| 2. (a)   |  |   | b)  |  |
| <u> </u>   | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   | \   | <u>,</u>  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  |
|  | 5224 W SR 46, No. 101  |   | 5224 W  | SR 46, No. 101   |
|  | Sanford, FL 32771  |   | Sanford,  | FL 32771   |
|  | 11/04/16   |   | L1600020  | 03174  |
| 3.   | Date of filing/registration in Florida   | <b>-</b> 4.                                     |   | Document number  |
| 5. (a)   | Gregory, Michael E   |   |   |  |
| ()   | Registered Agent and Registered Office shown on the records of   | the Floric                                      | la Dept. of State   | :  |
|  | Registered Office Address (MUST BE FLORIDA STREET  |   |   |  |
|  | 5130 Majestic Woods Place  |   |   |  |
|  | Sanford .FI  | 32771   | 1   |  |
|  |  |   |   |  |
| (b)  | Enter name of NEW Registered Agent and/or NEW Registered   |   |   |  |
|  | ratter name of NEW Registered Agent and/or NEW Registered  | a Office 8                                      | agress:   | SEP 22 11 8 45   |
|  | NEW Registered Office Address:   |   |   | , , , , , , , , , , , , , , , , , , ,  |
|  | 5224 W SR 46, No. 101  |   |   |  |
|  | <u> </u>   | <del></del>                                     |   | ,  |
|  | Sanford F  | 32771   | l   |  |
| the cha<br>agent v<br>was/we                       | imited liability company is not organized under the la<br>ange or changes are made, the Florida street address o<br>will be identical. Or, in the case of a Florida limited l<br>ere authorized by an affirmative vote of the members<br>icles of organization or the operating agreement of the | f the reg<br>iability c<br>of the lir           | istered office<br>company, it is<br>nited liability               | and the business office of the registered<br>thereby confirmed that the change(s)<br>company or as otherwise provided in   |
|  |  | Mi  | chael E Gr  | egory  |
| Signa  | ture of a member or authorized representative of a member  |   |   | Printed or typed name of signee  |
| There<br>provisi<br>the obt<br>to mero<br>notified | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.   | ree to ac<br>e perforn<br>ed for in<br>hereby c | et in this cape<br>nance of my o<br>Chapter 605<br>confirm that i | acity. I further agree to comply with the<br>luties, and I am familiar with and accept<br>, F.S. Or, if this document is being filed<br>the limited liability company has been |
| Signatu  | ire of Rogistered Agent  |   |   |  |
|  | Division of Corporations P.O.  | Box 632   | 7• Tallahas   | see, FL 32314  |
|  | EILING I   |   |   |  |

**FILING FEE: \$25.00**