

L17000046076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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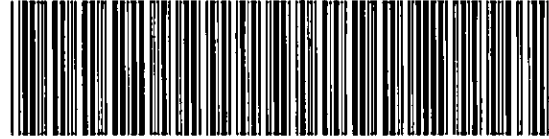
(Business Entity Name)

(Document Number)

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291 NOV - 8 P 8:33

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2018

RICHARD KOZELL, ESQ
616 SE DIXIE HWY
STUART, FL 34994

SUBJECT: NARCOSIS DIVE COMPANY, LLC
Ref. Number: L17000046076

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TALLAHASSEE, FLORIDA

We have received your document for NARCOSIS DIVE COMPANY, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

Please return 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.

Dionne M Scott
Regulatory Specialist II

Letter Number: 918A00020947

2018 NOV - 8 P 10:43

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Narcosis Dive Company, 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:

Richard Kozell, Esq.

Name of Person

Rick Kozell PLLC

Firm/Company

616 SE Dixie Hwy

Address

Stuart, FL 34994

City/State and Zip Code

rick@kozell-law.com

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

For further information concerning this matter, please call:

Cindy Devereaux

Name of Person

at (772) 2873100

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

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**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. Name of the limited liability company: Narcosis Dive Company

2. (a) 616 SE Dixie Hwy (b) 616 SE Dixie Hwy

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Stuart FL 34994

Stuart FL 34994

03/01/2017

L17000046076

3. Date of filing/registration in Florida

4. Document number

5. (a) Richard Kozell, Esq.

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

12000 SE Dixie Highway

Hobe Sound, FL 33455

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(b) Richard S. Kozell Esq.

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

Rick Kozell PLLC

NEW Registered Office Address:

616 SE Dixie Hwy

Stuart, FL 34994

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.

[Signature]
Signature of a member or authorized representative of a member

Rick Kozell

Printed or typed name of signer

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.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00