

L17000048840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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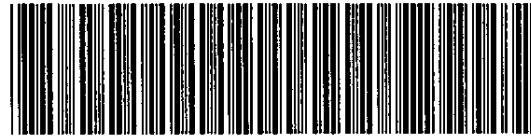
(Business Entity Name)

(Document Number)

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

K. SALY

MAR 15 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Supreme Resort Travel LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Charge and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tony Williams
Name of Person

Supr Supreme Resort Travel LLC
Firm/Company

2908 Lakeview Dr.
Address

Fern Park, FL 32730
City/State and Zip Code

Anthony032383@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony Williams
Name of Person

at (407) 687-3205
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 5327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$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.

1. Name of the limited liability company: Supreme Resort Travel LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
2908 Lakeview Dr.
Fern Park, FL 32730

(c) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
2908 Lakeview Dr.
Fern Park, FL 32730

3. 3/1/17 Date of filing/registration in Florida

4. L17000048840 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Tony Williams
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
142 Magnolia Park Trail
Sanford, FL 32773

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

Tony Williams
NEW Registered Office Address:
3415 W Lake Mary Blvd. #950115
Lake Mary, FL 32746

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.

Tony Williams
Signature of a member or authorized representative of a member

Tony Williams
Printed or typed name of signee

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.

Tony Williams
Signature of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA