L17000 136621

(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



800332667868

08/06/19--01021--007 **55.00

AUG 1 0 2019 D CUSHING

COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations				
SUBJECT: All Outdoors Unlimted LLC				
Nam	e of Limited	d Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ice Change	and fee(s) are submitted for filing.		
Please return all correspondence concerning this	s matter to	the following:		
Cody Westfall & Tiffani McClellan				
Name of Person				
All Outdoors Unlimted LLC				
Firm/Company				
1190 4th St				
Address				
Orange City, FL 32763			19	iiAiu IS
City/State and Zip Code		·	SOY 6	NOS STORE
americansoftwashfl@yahoo.com			9	0F C
E-mail address: (to be used for future ann	ual report n	otification)	PM	0820
For further information concerning this matter,	please call:		وب دین	RATI
Casey Caudill	386	761-2987	ລ	OHS.
Name of Person	\	Area Code & Daytime Telephone Number	г	
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 Fec	2	\$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.	Na	ame of the limited liability company: All Outdoors	Unlimte	:d L	LC ———			
2.	(a)	1190 4th St	(h	(b) 1190 4th St				
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(~	·/	N	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Orange City, FL 32763		0	range (City, FL 32763		
			_	_	·			
		06/23/17		L1	700013	36627		
3.		Date of filing/registration in Florida	4.			Document number		
5.	(a)	Tiffani McClellan						
•.	(~)	Registered Agent and Registered Office shown on the records of	the Florida	ı Dej	pt. of State	- 2 :		
		Cody Westfall						
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u> </u>		•		
		1190 4th St						
(b		Orange City . FL	32763			-		
		, -				•		
	(b)	Casey Caudill			- <u>-</u>		SCLRED ISION O	
		Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dres	<u>s</u> ;		16 . BE	
							-5 F 03 F 03 F 03 F 03	
		NEW Registered Office Address:	-				PH COL	
		3708 W International Speedway Blvd					PM 2: 30	
		3700 VV International Speedway Bivu					30	
		Daytona Beach , FL	32124				<u> ক্রি</u>	
the age was	cha nt w s/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registability confirmation of the limited l	stero omp nited liabi	ed office any, it is I liability ility com	e and the business office s hereby confirmed that y company or as otherw	e of the registered the change(s) vise provided in	
S	ignat	ture of a member or authorized representative of a member		7		Printed or typed name of sig	gnee	
pro the to n	visi obl nere	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have thin writing of this change.	ee to act	t in i	this cana	acity. I further garee to	comply with the	

Signature of Registered Agent