L17000158497

(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:
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JAN 31 S. PRATHER



December 20, 2022

SLING BLADE LLC 13138 SCHARBER RD DADE CITY, FL 33525

SUBJECT: SLING BLADE, LLC Ref. Number: L17000158497

We have received your document for SLING BLADE, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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) 245-6939.

Letter Number: 922A00028350

Stacy Prather Regulatory Specialist III

www.sunbiz.org

COVER LETTER

	gistration Section vision of Corporations						
SUBJECT:	Sling Blade LLC						
50201	Name of Limited Liability Company						
Dear Sir or	Madam:						
The enclose	ed Registered Agent/Registered Office Ch	ange and fi	ec(s) are submitted for filing.				
Please retur	n all correspondence concerning this mat	ter to the fe	ollowing:				
Curtis Motlo	ow'						
	Name of Person		_				
Sling Blade	LLC						
	Firm/Company		_				
13138 Scahr	aber Road						
	Address		_				
Dade City, F	Florida 33525						
	City/State and Zip Code						
Sling_Blade	@yahoo.com						
E-mai	address: (to be used for future annual re	port notific	ation)				
For further	information concerning this matter, please	e call:					
Felicitas Mo	tlow at	813	270-6021				
	Name of Person	\	Area Code & Daytime Telephone Number				
Reg Div P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enc	closed is a check for the following amou	unt:					
9	\$25 Filing Fee	\$ \$55	Filing Fee & Certified Copy				
INHS18 (2/1	4)						

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. N	ame of the limited liability company: Sling Blade LLC	_				
2. (a)	Clier Dlady L1 C		(b)	Sling Blad	le LLC	
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limi (Note: MAY BE PO	• • •
	13138 Scharber Road			13138 Scha	arber Road	
	Dade City, Florida 33525			Dade City, FL 33525		
	07/25/2017		i	. 170001584	497	
3.	Date of filing/registration in Florida	4.	-		Document number	
5. (a	United States Corporation Agents, INC					
2. (4	Registered Agent and Registered Office shown on the records o	f the Flo	rida	Dept. of State	- e:	
	United States Corporation Agents, INC				_	
	Registered Office Address (MUST BE FLORIDA STREET	"ADDRI	ESS)			
	5575 South Semoran Blvd. Suite 36				_	2828
	Orlando	32822 L	2			
				-	_	
(b)	Curtis Motlow				_	7
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office	add	ress:		PH (
	Curtis Motlow					, ė.
	NEW Registered Office Address:				_	. 9
	13138 Scharber Road				_	
	Dade City F	33525	5			
chang agent was/v the ar Sign I herovice the old to me notific	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited leaver authorized by an affirmative vote of the members ticles of organization or the operating agreement of the attraction of a member of authorized representative of a member eleby accept the appointment as registered agent and against of all statutes relative to the proper and complete original statutes relative to the proper and complete original statutes of the registered agent as provide rely reflect a change in the registered office address, I all statutes than the registered office address, I are of Registered Agent.	e registiability of the elimite	cor limi ed li	d office and office and open, it is ted liability com	d the business offices hereby confirmed by company or as of a pany. Frinted or typed name of the confirmed or typed name of typed name of the confirmed or typed name of the confirmed of the confirmed or typed name of type	te of the registered that the change(s) therwise provided in the change of the change