117000158768

(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



800316999708

08/15/18--01006--015 **25.00



COVER LETTER

LLC

TO: Registration Section Division of Corporations	
SUBJECT: Florida to	France Cycling Adventures me of Limited Liability Company
Dear Sir or Madam:	
The analysis Devised A cont/Devise and Ot	Ning Change and for(s) are subscitted for filling
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Greg Pelican	
Name of Person	
Firm/Company	
21554 Misan	o Dr.
Address	
Estero F1 339	728
City/State and Zip Code	
grespelican a) comenst. net
E-mail address: (to be used for future ar	
For further information concerning this matte	r. please call:
Greg Pelican	at 239 , 919 4760
Name of Person	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 followin	g amount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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	me of the limited liability company: Floridge	1 to	France	Cyclina	Advertures	
2. (a)	Grea Pelican	(b)_	6	res Pe	licas	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing	addless of lin	nited liability company: OST OFFICE BOX)	
	21554 MISANO Dr		215	54 MI	sano Dr	
	Estero F1 33928	. <u> </u>	Ester	& FI	33928	
	July 25 2017	_	L17	700C	158768	
3.	Date of filing/registration in Florida	4.		ment numb	er	
5. (a)	Registered Agent and Registered Office shown on the records of the	Florida De	S In C ept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET AD Summerin Com	mon s	Suite	400	<u>,</u>	
	Fort Myers FL	339	07_	7.		
(b)	Greg Pelican			`: 	FILED THE S. 13	
. ,	Enter name of NEW Registered Agent and/or NEW Registered Of	ffice addre	<u>:ss</u> :		第 20	
	21554 Misano	, Dr.			11.00 H	
	NEW Registered Office Address:				<u> </u>	
	Estro .FL	33	3928			
the cha agent w was/we	imited liability company is not organized under the laws nge or changes are made, the Florida street address of th vill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limited liabilities.	ie registe ility com the limite	red office and openy, it is here and liability combility company.	the business by confirmed pany or as o	s office of the regist ed that the change(s otherwise provided	ered)
Signat	ture of a member or authorized representative of a member		Printe	ed or typed na	me of signee	
provision the obli to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided f ely reflect a change in the registered office address, I her I in writing of this change.	to act in erforman for in Che reby conj	this capacity. ce of my duties apter 605, F.S. firm that the lin	I further a , and I am J Or, if this nited liabili	gree to comply with amiliar with and ac document is being f ty company has bee	the cept iled in