117000184417

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	÷ #)			
<u></u>	WAIT	MAIL			
(Bu	isiness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
6210					

Office Use Only



200317292602

08/20/13--01019--017 **25.88

į

ILLE_U

18 SEP 26 AH 10: 47

AND AHASSES FI ONDA

SEP 2 7 2018 S. YOUNG August 25, 2018

MATTHEW A LUCAS REEF & REEL OUTFITTERS, LLC 7273 BRYAN DAIRY ROAD LARGO, FL 33777

SUBJECT: REEF & REEL OUTFITTERS LLC

Ref. Number: L17000184417

We have received your document for REEF & REEL OUTFITTERS 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):

The business entity that you are forming cannot serve as its own registered agent. You may designate an individual or another business entity with an active registration or filing with this office. The newly designated registered agent must have a Florida street address and must sign accepting the designation. Please amend your document accordingly.

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) 245-6050.

Shelia H Young

Regulatory Specialist II Letter Number: 118A00017648

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

8 SEP 26 AN 10: 47

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: REEF & REEL OUTFITTERS, I	LLC			
	f Limited L	iability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Office	Change and	fee(s) are submitted for filing	•	
Please return all correspondence concerning this m	atter to the	following:		
MATTHEW A. LUCAS				
Name of Person	· •			
REEF & REEL OUTFITTERS, LLC				
Firm/Company			 1	
7273 BRYAN DAIRY ROAD				8
Address				SEP 26
LARGO, FL 33777				
City/State and Zip Code			65.7	AN 10: 47
lucas@idipromos.com			D _A	47
E-mail address: (to be used for future annual	report notif	ication)		
For further information concerning this matter, plea	ase call:			
MATTHEW A LUCAS	727	3503926		
Name of Person		Area Code & Daytime Tele	phone Nun	ıber
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 am	ount:			
☑ \$25 Filing Fee	□ s:	55 Filing Fee & Certified Copy	ý	
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.

I. Na	me of the limited liability company:	_ 001	FILLERS,	LLC		
2. (a)	7273 BRYAN DAIRY RD	(b)			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limite (Note: MAY BE POS	d liability company:	,
	LARGO, FL 33777				· · • · · · · · · · · · · · · · · · · ·	
	AUGUST 29, 2017		L1700018	34417		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	CORPORATION SERVICE COMPANY					
J. (u)	Registered Agent and Registered Office shown on the records of to 1201 HAYS STREET Registered Office Address (MUST BE FLORIDA STREET)			- e: -	18 SEP	71
		3230		-	26 A	ILED
(b)	MATTHEW A LUCAS Enter name of NEW Registered Agent and/or NEW Registered	Office #	ddress:	-	PO: 47	1
	7273 BRYAN DAIRY ROAD					
	NEW Registered Office Address:			_		
	LARGO	3377	7	-		
the cha agent v was/wo	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg ability (of the li limited	istered office company, it i mited liabilit	e and the business of s hereby confirmed by y company or as oth npany.	ffice of the regis	stered s)
Signa	ture of a member or authorized representative of a member		····· • , , <u> </u>	Printed or typed name	of signee	
provisi the obl to meri	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I have been applied to the complete of the control of	ce to a perfori d for in hereby	ct in this cap mance of my Chapter 60: confirm that	acity. I further agre duties, and I am fan 5. F.S. Or, if this do the limited liability	te to comply with niliar with and a cument is being company has be	h the ocept filed en
Signatu	tre of Registered Agent					