## 117000229694

(Requestor's Name)					
(Address)					
(Address)					
(City/	State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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November 7, 2018

PETER SCALIA 1345 PARK ST CLEARWATER, FL 33756

SUBJECT: SANTA AND SUDS 5K RUN & FUN LLC

Ref. Number: L17000229694

We have received your document for SANTA AND SUDS 5K RUN & FUN LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 918A00023022

MARK YOU WOD ISLESS YOU

(8)

## **COVER LETTER**

	Registration Section Division of Corporations							
SUBJE	Santa & Suds 5K Run & Fun LLC  Ware of Limited Liability Company							
SOBSE								
Dear Sir	Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
Peter 9	Scalia							
	Name of Person	<u> </u>						
SVdP	Community Kitchen and resource	e Center						
	Firm/Company	<del></del>	<del></del>					
1345 F	Park St.							
	Address		<del></del>					
Clearw	vater, FL 33756							
	City/State and Zip Code							
svdpsc	oup@tampabay.rr.com							
E-1	mail address: (to be used for future ann	iual report not	ification)					
For furtl	her information concerning this matter,	please call:						
Peter S	Scalia	727 at (	441 3790					
<del></del>	Name of Person		Arca Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Б С Р	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:								
	S25 Filing Fee	<b>2</b> 0	\$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	tme of the limited liability company: Santa & Suds 5h	KRun & I	Fun LLC	
2. (	(a)	301 S. Gulfview Blvd. #604 Clearwater Fl 337	(b) 30	1.S. Gulfview Blvd # 604 Cloarwater FL	
(-)	()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
		1345 Park Street		Same	
		Clearwater, FL 33756			
		10/17/18	LI 70	000229694	
3.		Date of filing/registration in Florida	1.	Document number	
5.	(a)				
	ζ	Registered Agent and Registered Office shown on the records of the F	lorida Dept.	of State:	
		Sean Belanger			
		Registered Office Address (MUST BE FLORIDA STREET ADD	RESS)	<del></del>	
		301 S. Gulfview # 604			
		Clearwater <sub>FI</sub> 33	767		
(	(b)	Pete Scalia		<u>ـــــ</u> ئ	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Offi</u>	ce address:	<u> </u>	
		SVdP Community Kitchen and Resource Center	(PH)		
		NEW Registered Office Address:		- 5	
		1345 Park St.			
			····	<del></del>	
		Clearwater FL 33	756		
If d	re li	imited liability company is not organized under the laws o	f the State	of Florida, it is hereby confirmed that after	
the	cha	nge or changes are made, the Florida street address of the	registered	l office and the business office of the registered	
was	nt v /we	vill be identical. Or, in the case of a Florida limited liabil. ere authorized by an affirmative vote of the members of th	ity compar e limited l	it is hereby confirmed that the change(s) iability company or as otherwise provided in	
the	arti	cles of organization or the operating agreement of the lim	ited liabili	ty company.	
			Pau	Printed or typed name of signee	
		ture of a member or authorized representative of a member		The state of the s	
pro the to n	visi obl tere	by accept the appointment as registered agent and agree to one of all statutes relative to the proper and complete per igations of my position as registered agent as provided for the reflect a change in the registered office address, I here the provided for this change.	o act in in formance or in Chapt by confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been	
Sign	121 121	re of Registreral Agent			