

L7000253129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

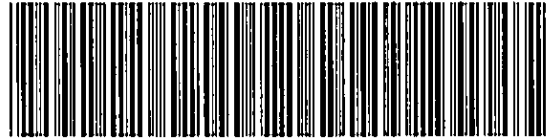
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED
2020 JUL -8 PM 12:53
S. YOUNG

JUL 09 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 JUN 18 12:11

June 18, 2020

MATTHEW EXLINE
HAVE HISTORY WILL TRAVEL LLC
124 N NOVA RD #218
ORMOND BEACH, FL 32174

SUBJECT: HAVE HISTORY WILL TRAVEL LLC
Ref. Number: L17000253129

We have received your document for HAVE HISTORY WILL TRAVEL LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a 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) 245-6050.

Shelia H Young
Regulatory Specialist II

Letter Number: 220A00012038

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Have History Will Travel LLC
Name of Limited Liability Company

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:

Matthew EXline

Name of Person

Firm/Company

124 N Nava Rd #218

Address

Ormond Beach FL 32174

City/State and Zip Code

mcexline@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew EXline

Name of Person

at (386)

341-8608

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

← already
Sent - See
attached letter

☐ \$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. Name of the limited liability company: Have History Will Travel LLC
2. (a) 124 N Nova Rd #218 (b) Same
Principal office address of limited liability company: _____
(Note: MUST BE STREET ADDRESS) _____
Ormond Beach FL 32174 _____

3. 1/2/2018 4. L17000253129
Date of filing/registration in Florida _____ Document number _____

5. (a) Matthew EXline
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
725 S. Nova Rd #207
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Ormond Beach FL 32174
_____, FL _____

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TALLAHASSEE, FL
FILING OFFICE

(b) Matthew EXline
Enter name of NEW Registered Agent and/or NEW Registered Office address:
124 N. Nova Rd #218
NEW Registered Office Address:
Ormond Beach FL 32174
_____, FL _____

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Matthew EXline
Signature of a member of authorized representative of a member

Matthew EXline
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Matthew EXline
Signature of Registered Agent