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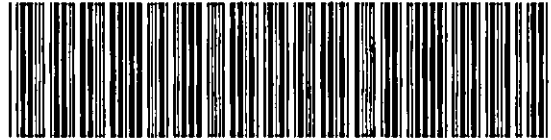
(Business Entity Name)

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JUN 04 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2018

DANE WHITE  
2641 NE 51ST CT  
LIGHTHOUSE POINT, FL 33064

SUBJECT: RECREATION OUTDOOR ADVENTURE MANAGEMENT, LLC  
Ref. Number: L18000042808

We have received your document for RECREATION OUTDOOR ADVENTURE MANAGEMENT, 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 registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons  
Regulatory Specialist III

Letter Number: 218A00010123

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Recreation Outdoor Adventure Management, 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:

Dane White

Name of Person

Recreation Outdoor Adventure Management, LLC

Firm/Company
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2641 NE 51st Court

Address

Lighthouse Point, FL 33064

City/State and Zip Code

dane@roamtheoutdoors.com

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

For further information concerning this matter, please call:

Dane White 954 952-2061  
 \_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_  
 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 following amount:**

☒ \$25 Filing Fee☐ \$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.*

**Recreation Outdoor Adventure Management, LLC**

1. Name of the limited liability company: Recreation Outdoor Adventure Management
2. (a) Recreation Outdoor Adventure Management (b) Recreation Outdoor Adventure Management
- Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- 2641 NE 51st Court 2641 NE 51st Court
- Lighthouse Point, FL 33064 Lighthouse Point, FL 33064
- 02/16/2018 L18000042808

3. Date of filing/registration in Florida 4. Document number

White, First S.

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Recreation Outdoor Adventure Management

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2641 NE 51st Court

Lighthouse Point 33064  
, FL

- (b) White, Dane S.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Recreation Outdoor Adventure Management

NEW Registered Office Address:

2641 NE 51st Court

Lighthouse Point 33064  
, 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.

X [Signature]  
Signature of a member or authorized representative of a member

Dane White

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.*

X [Signature]  
Signature of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00**