

118000138054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

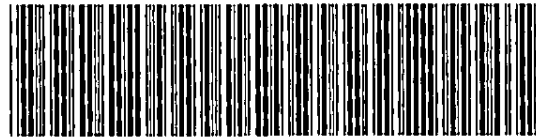
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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

2018 SEP 18 AM 8:24

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SEP 22 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fat Tire Bike Rentals, 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:

Thomas Coghill

\_\_\_\_\_  
Name of Person

Fat Tire Bike Rentals

\_\_\_\_\_  
Firm/Company

119 Arrow Road Unit C

\_\_\_\_\_  
Address

Hilton Head Island, SC 29928

\_\_\_\_\_  
City/State and Zip Code

sales@fattirebikerentals.com

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

For further information concerning this matter, please call:

Thomas Coghill

at ( 757 ) 635-5160

\_\_\_\_\_  
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

**FILED**  
2018 SEP 18 AM 8:24  
TALLAHASSEE FLORIDA  
DIVISION OF STATE

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
A 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: Fat Tire Bike Rentals, LLC

2. (a) Michael J Meyers (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

133 SE 18TH AVENUE  
DEERFIELD BEACH, FL 33441

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

133 SE 18TH AVENUE  
DEERFIELD BEACH, FL 33441

06/04/2018

L18000138054

3. 06/04/2018 Date of filing/registration in Florida 4. L18000138054 Document number

5. (a) Michael J Meyers  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Michael J Meyers

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

133 SE 18TH AVENUE  
DEERFIELD BEACH, FL 33441

(b) Thomas Coghill  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

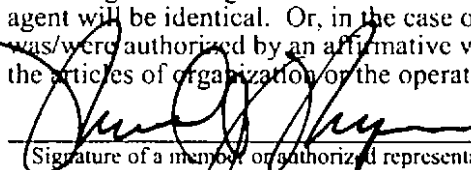
Thomas Coghill

**NEW** Registered Office Address:

133 SE 18TH AVENUE  
DEERFIELD BEACH, FL 33441

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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.

  
Signature of a member, or authorized representative of a member

MICHAEL J MEYERS

Printed or typed name of signer

*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.*

  
Signature of Registered Agent

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