## NIE COSTAGOII

(Requestor's Name)			
(Address)			
(Address)			
(,			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Certified Copies Certificates of Status			
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G. PRATHE,

## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

INHS18 (2/14)

SUBJECT: 123 GLAMPLLC DBA RV GLAMPIN G-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:				
Barbara Tulskie Name of Person				
123 GLAMP, UC PBARV GLAMPING-Pirm/Company				
4045 N. Cartenay Parkway Address				
Mervitt Tsland, Fl 32953 City/State and Zip Code				
Bayba RV-GL AMPING, CUM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Barbara TUSKe at (610) 256-6600  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 \$\square\$ \$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.

l. Na	me of the limited liability company: 123 GLAMP LL	C DBA RV GL AMPIN
2. (a)	4045 N. Curtenay tarkway (b) PD	Box 321314
	Principal office address of limited liability company:	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
	THAN IT ISLAND FL LOC	toa Beach, FL
	32953	32932
	7125/2018	18000179011
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Barbara Tulskie	_
	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	ate:
	360 Jangerine tul	2019 APR -
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	APR TO
	NYEVVITI ISlana	
	FL 32953	PR P
	0 1	PH 5: H
(b)	Darbara lubble	_ 25 =
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	· m •
	3 WPaint Dr.	
	NEW Registered Office Address:	<del></del>
	Corpa Blach	_
	.FL 3293/	
If the li	mited liability company is not organized under the laws of the State of F nge or changes are made, the Florida street address of the registered office	Florida, it is hereby confirmed that after ce and the business office of the registered
agent w	vill be identical. Or, in the case of a Florida limited liability company, it are authorized by an affirmative vote of the members of the limited liability.	is hereby confirmed that the change(s)
	cles of organization or the operating agreement of the limited liability co	
$\mathcal{D}$	algua Ludolla Barb	ara JUISKY
	ure of a member or authorized representative of a member	Printed or typed name of signee
I hereb provisio	by accept the appointment as registered agent and agree to act in this cal ons of all statutes relative to the proper and complete performance of my	pacity. I further agree to comply with the y duties, and I am familiar with and accept
the obli to mere	by accept the appointment as registered agent and agree to act in this cal ons of all statutes relative to the proper and complete performance of my gations of my position as registered agent as provided for in Chapter 60 by reflect a change in the registered office address, I hereby confirm that	05, F.S. Or, if this document is being filed at the limited liability company has been
notflied	I'in writing of this change.	,
Signatur	e of Registered Agent	