

L18000188781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

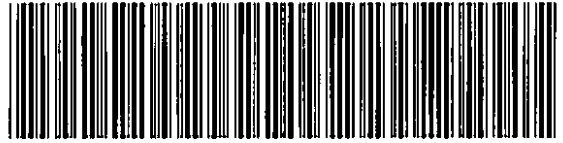
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2018 SEP 21 AM 10:56
18 SEP 21 AM 10:42
SECRETARY OF STATE
CLERK
100318702711

[Handwritten signature]
9/21/18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Recovery Bay, 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:

Craig Prus

Name of Person

Firm/Company

3703 Preserve Bay Boulevard

Address

Panama City Beach, FL 32408

City/State and Zip Code

craig@accountingministry.com

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

For further information concerning this matter, please call:

Craig Prus

423

400-6082

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.

Recovery Bay, LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

9721 Thomas Drive

Panama City Beach, FL 32408

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3703 Preserve Bay Boulevard

Panama City Beach, FL 32408

7 August 2018

L18000188781

3. _____ 4. _____

Date of filing/registration in Florida

Document number

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

Markus Bishop

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

3703 Preserve Bay Boulevard

Panama City Beach, FL 32408

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

E. Craig Prus

NEW Registered Office Address:

3703 Preserve Bay Boulevard

Panama City Beach, FL 32408

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2018 SEP 21 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

E. Craig Prus

Signature of a member or authorized representative of a member

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