

h18000233946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

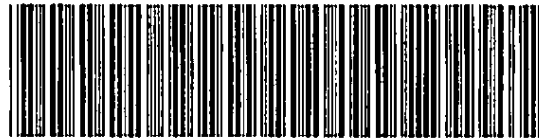
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Q. SILAS

Office Use Only



000377015390

11-19-21-01000-011-000000

FILED
2021 NOV 29 PM 2:57
SECRETARY'S OFFICE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE Boat Lift Company, 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:

Tony D Cox

Name of Person

The Boat Lift Company, LLC

Firm/Company

7154 SW 39th Street

Address

Palm City Florida 34990

City/State and Zip Code

tdcox55@gmail.com

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

For further information concerning this matter, please call:

Tony D Cox

Name of Person

at (772) 283-5343

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

☐ \$55 Filing Fee & Certified Copy

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.

2. (a) 7154 SW 39th Street (b) 7154 SW 39th Street

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Palm City 71 34990

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

5. (a) Cox, Tony D
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7154 C. 1 2946 C. 2 1 D. 1 C. 1

- (b) 7157 SW 39th Street Palm City 71 34990
Enter name of NEW Registered Agent and/or NEW Registered Office address:

4

NEW Registered Office Address:

Ed/m City, FL 34990

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.

Printed or typed name of signee

Signature of a member or authorized representative of a member

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