L18000 235529

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: DAN'S BOBCAT, LLC Name of Limited Liability Company		
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 t	he following:	
Amy L. LANDRUM Name of Person		
DAN'S BOBCAT, LLC Firm/Company		
5035 CORAL WOOD DR		
NAples, FL 34119-1457 City/State and Zip Code		
E-mail address: (to be used for future annual report no	cotification)	
For further information concerning this matter, please call:		
Amy L. LANDRUM at (239) 784-2477 Name of Person 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	
INHS18 (2/14)		

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.

, ,	
1. Name of the limited liability company:	's Bobcat, LLC
2. (a) 5035 CORAL WOOD DR	(b)
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
NADLES, FL 34119-1457	SAME
 	
10-04-2018	L18000235529
3. Date of filing/registration in Florida	4. Document number
5. (a)	
Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:
Thomas G. UNSWORT	h CPA
Registered Office Address (MUST BE FLORIDA STREET	
3960 RADIO Rd Suite	203
NAAles .F	
(b) AMY L. LANDRUM	· ·
Enter name of NEW Registered Agent and/or NEW Registered	d Office address:
. 5035 CORAL WOOD D	R
NEW Registered Office Address:	<u> </u>
	
NAPles	<u> </u>
If the limited liability company is not organized under the la change or changes are made, the Florida street address of the	ws of the State of Florida, it is hereby confirmed that after the ergistered office and the business office of the registered
agent will be identical. Or, in the case of a Florida limited li	ability company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	
H	DANNY L. DANIELS Printed or typed name of signer
Signature of a member or authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agg provisions of all statutes relative to the proper and complete the obligations of my positionlas registered agent as provide to merely reflect a change in the registered office address, I notified in writing of this change	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept d for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been
Signmy of Registered Agent	
- , l	

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