Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190000007273)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (858)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062

Fax Number

Phone : (323)962-8600 : (323)962-3889

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

Email Address:_

LLC REGISTERED AGENT CHANGE REEL WORLD SPORTFISHING LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55,00

DEC 0 3 7619

A. LUNT

Electronic Fifing Menu Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations					
REEL WORLD SPORTFISHIN	NG LLC				
SUBJECT: 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 r	matter to the following:				
Cheyenne Moseley					
Name of Person	······································				
Legalzoom.com, Inc.					
Firm/Company					
101 N. Brand Blvd., 10th Floor		19			
Address		19 JAN - 2			
Glendale, CA 91203					
City/State and Zip Code	44.44PP	AH 8: 5.			
premojj@gmail.com		6: 2			
E-mail address: (to be used for future annua	l report notification)	高			
For further information concerning this matter, pl	lease call:				
Cheyenne Moseley	800 773-0888 ext 9724				
Name of Person	Area Code & Daytime Telepho	one 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	2 \$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 Statues, 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. N	ame of the limited liability company: REEL WORL				
2. (a)	2825 SE Pine Valley St.	(1	(b) 2825 SE Pine Valley St.		
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)	
	Port St. Lucie, FL 34952	_	Port St.	Lucie, FL 34952	
	11/26/2018		L180002	73235	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	NORTHWEST REGISTERED AGENT, LLC.				
\	Registered Agent and Registered Office shown on the records of II 3030 N. Rocky Point Dr., Ste. 150A Registered Office Address			 	
			4		
	Tampa , FL	33607		19 JAN - 2 AM 8: 55	
(b)	UNITED STATES CORPORATION AGENTS, INC.				
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		Sign E IT		
	13302 WINDING OAK COURT, SUITE A			6	
	NEW Registered Office Address:			हैं: में	
	TAMPA ,FL	33612		-	
the chagent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under the law ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liabers authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the I	s of the the regi bility co the lin imited	state of Floring State of Floring State of State	c and the husiness office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in	
Sign	anire of a member or authorized representative of a member		- , , , , , , , , , , , , , , , , , , ,	Printed or typed name of signee	
I here provis the ob- to men	eby accept the appointment as registered agent and agre- cions of all statutes relative to the proper and complete p digations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. CHEYENNE MOSELEY, ASSISTANT SECRETARY STATES CORPORATION AGENTS, INC.	e to accept for in (ereby c	t in this cap lance of my Chapter 60: confirm that	pacity. I further agree to comply with the duties, and I am fumiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	

Signature of Registered Agent