1190000 45786

(Rec	questor's Name)			
(Add	lress)			
(Add	iress)			
(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nar	ne)		
(Doc	cument Number)			
Certified Copies Certificates of Status				
Special Instructions to F	Filing Officer:			
		i		
		:		

Office Use Only



200341215722

03/28/30--01021--028 **55.00



O SIMMONS
MAR 1 9 2020

COVER LETTER

TO:

TO:	Registration Section Division of Corporations							
SHRIF	Change of Registered Agent for Todds Marine Service: Pontoon rental and Boat repair							
SODJA		Name of Limited L	iability Company					
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.					
Please	return all correspondence concerning	g this matter to the	following:					
Todd G	oodwin							
	Name of Person							
Todd's	Marine Service: Pontoon Rental and Bo	oat Repair						
	Firm/Company							
636 Ha	mlet Drive							
	Address	mpany The second section privision of Corporations The second section privision of Corporations The second section privision of Corporations The second section privision of Corporations						
Port Or	ange, FL 32127							
	City/State and Zip Co	de	_					
todd.go	odwin45@yahoo.com							
Е	-mail address: (to be used for future	annual report notif	fication)					
For fur	ther information concerning this ma	itter, please call:						
Todd G	oodwin		262-2342					
	Name of Person		Area Code & Daytime Telephone Number					
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Section					
	Enclosed is a check for the follow	ving amount:						
	□ \$25 Filing Fee	= \$	55 Filing Fee & Certified Copy					
INHS18	3 (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.

(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		b) 6	36 Hamle	et Drive Port	Orange, FL	32127	
()				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	2/14/2019	_		90000457	786	 .		
	Date of filing/registration in Florida	- 4.			Document n	umber		
	United States Corporation Agent	- 4 .			i) ocument	idinoci		
(a)	Registered Agent and Registered Office shown on the records of	the Florid	- D	ent of State	_ 			
	Registered Agent and Registered Office shown on the records of	are riona		.pr. 01 Dan		۸.	2(
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	S)		-	<u>≥</u> ⊆.	2020 FEI	.,,
	13302 Winding Oak Court A					; , , ; ,	$\boldsymbol{\omega}$	
	Tampa	33612			_	•	28	***
	, FL			<u></u>		' <u>'-</u> '.	<u> </u>	- i
(b)	Todd Goodwin					- :-	အ - 5	فهي
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	idre	<u>85</u> :	_	工作	2	
	Todd Goodwin				,			
	NEW Registered Office Address:							
	636 Hamlet Drive				_			
	Port Orange FI	32127						
iange gent v as/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	register ability co of the lin limited	ed omp nite liab	office and pany, it is d liability	d the busines s hereby con y company o	ss office of t firmed that t	he regi he cha	stered nge(s)
Signa	ture of a member or authorized representative of a member		-		Printed or typ	ed name of sig	nce	
ovisi e obl mere	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I do in writing of this change.	ree to ac perform d for in (hereby c	t in and Cha onf	this cape te of my o upter 605 irm that	acity. I furth duties, and I 5, F.S. Or, if the limited li	er agree to am familiar this docume ability comp	comply with a ent is be any ha	with the nd accep eing filed as been

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