

L19000112776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

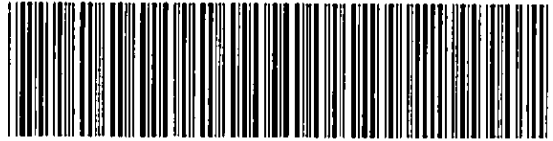
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SUPERIOR COURT
CLERK OF COURT
STATE OF ILLINOIS

Ra Chang

JUN 06 2024

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GOLFSTOCK 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:

Laurence Casey Lambrecht

Name of Person

Golfstock

Firm/Company

50 Beach Road #101

Address

Tequesta, FL 33469

City/State and Zip Code

larry@golfstock.net

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

For further information concerning this matter, please call:

Laurence C. Lambrecht

at ()

401-348-9600

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)

FILED

2024 MAY 28 AM 11:25

SECRETARY OF STATE

NO Check
JAC 04/08/24



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2024

LAURENCE CASEY LAMBRECHT
GOLFSTOCK
50 BEACH ROAD #101
TEQUESTA, FL 33469

SUBJECT: GOLFSTOCK LLC
Ref. Number: L19000112776

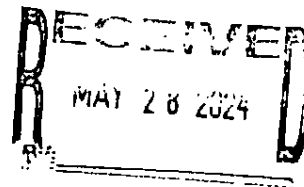
We have received your document for GOLFSTOCK LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 424A00010249



**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: GOLFSTOCK LLC

2. (a) Laurence C. Lambrecht (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**)

50 Beach Road #101

Tequesta, FL 33469

March 2021

L19000112776

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

5. (a) Corporate Creations

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Corporate Creations Network Inc.

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

801 US Highway 1

North Palm Beach, FL 33408

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

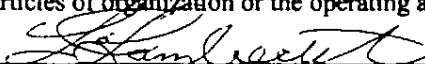
Laurence C Lambrecht

NEW Registered Office Address:

50 Beach Road #101

Tequesta, FL 33469

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.


Signature of a member or authorized representative of a member

LAURENCE C. LAMBRECHT
Printed or typed name of signee

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

FILED
2024 MAY 28 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FL