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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

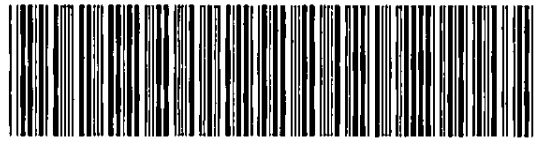
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

AUG 21 2019  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 6, 2019

PAUL J BUPIVI  
1226 N TAMIAMI TRAIL STE 201  
SARASOTA, FL 34236

Ref. Number: L19800013683

We have received your document for and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Catherine M Wood  
Regulatory Specialist II

Letter Number: 719A00016042

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RECEIVED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**230 Presidents Cup Way 208, LLC**

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul J Bupivi

\_\_\_\_\_  
Name of Person

Lawrence & Associates

\_\_\_\_\_  
Firm/Company

1226 N. Tamiami Trail, Suite 201

\_\_\_\_\_  
Address

Sarasota, Florida 34236

\_\_\_\_\_  
City/State and Zip Code

pbupivi@lawrencelawoffices.com

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

For further information concerning this matter, please call:

Paul J Bupivi                      951          404-6360

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_

Name of Person

Area Code & Daytime Telephone 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

\$55 Filing Fee & Certified Copy

**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.*

**230 Presidents Cup Way 208, LLC**

1. Name of the limited liability company: \_\_\_\_\_

2. (a) \_\_\_\_\_ (b) c/o Deborah C Wilson  
 Principal office address of limited liability company: \_\_\_\_\_ Mailing address of limited liability company: \_\_\_\_\_  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*  
230 Presidents Cup Way, Unit 208 43 Barnwood Circle  
Saint Augustine, Florida 32092 Greenville, South Carolina 29607

3. 5/20/19 4. L19000136835  
 Date of filing/registration in Florida Document number

5. (a) \_\_\_\_\_  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Deborah C Wilson  
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
5420 Eagles Point Circle, #404  
Sarasota, FL 34231

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(b) \_\_\_\_\_  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
James S. Lawrence, Inc  
**NEW Registered Office Address:**  
1226 N. Tamiami Trail, Suite 201  
Sarasota, FL 34236

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.

Deborah C Wilson \_\_\_\_\_  
 Signature of a member or authorized representative of a member Printed or typed name of signer

*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.*

Paul J. Bupivi \_\_\_\_\_  
 Signature of Registered Agent Authorized Representative James S. Lawrence Inc.  
 Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
**FILING FEE: \$25.00**