L19000168461

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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2024 JAN 10 AR 9: 17

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: Bristol Harbor Marina, LLC									
2	(a)		ı	(b)					
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		407 Maple Ave			PO Box 260	50130			
		Panama City, FL 32401			Lakewood, (, CO 80226	<u>-</u>		
		June 27, 2019		L,	.1900016846	4 61			
3.		Date of filing/registration in Florida	4.		Γ	Document number	_		
5.	(a)					_			
	, ,	Registered Agent and Registered Office shown on the record	ls of the Flori	da I	Dept. of State:	e:			
		Registered Agent Solutions, Inc				_			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					20			
		2894 REMINGTON GREEN LANE Suite A				- TEO 124			
		Tallahassee	, FL_32308			2024 JAN 10 SEGREDAN			
	(b)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office :		ress	1000 mms			
		Enter name of NEW Registered Agent and/or NEW Regist	ered Conice 2	atiti.	<u>. C.3.3</u> .	700 Q **********************************			
		James Frazier				ं लिं -			
		NEW Registered Office Address:				_			
		407 Maple Ave							
						_			
		Panama City, FL	, FL_32401			_			
ch ag wa	ange ent v is/w	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the member of organization or the operating agreement of	the registed liability of the li	rec con mit His	l office and npany, it is led liability ability comp	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in a pany.			
	Signa	ture of a member or authorized proceentative of a member	. <u>-</u> -	J	ames	Printed or typed name of signee	<u>-)</u>		
pr the to	bvisi v obi mer	hy accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address in writing of this change.	agree to a lete perfort vided for in s, I hereby	ct i mai Cl con	n this capac ace of my di apter 605, afirm that th	acity. I further agree to comply with the duties, and I am Jamiliar with and access. F.S. Or, if this document is being file the limited liability company has been	e pt id		
Sj	gyatı	ire of Registered Agent	-						
	/	Division of Corporations• P.	O. Box 63 G FEE: \$2			ssee, FL 32314			

COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJ	Bristof Harbor Marina, LLC								
Name of Limited Liability Company									
Dear S	Sir or Madam:								
The er	nclosed Registered Agent/Registered	l Office Change and	d fee(s) are submitted for filing.						
Please	e return all correspondence concernit	ng this matter to the	e following:						
James	Frazier								
	Name of Person								
Bristo	l Harbor Marina, LLC								
	Firm/Company		<u> </u>						
РО Вс	ox 260130								
	Address			202 35					
Lakew	rood, CO 80226			2024 JAH 10 SECRETATI					
	City/State and Zip Co	ode		- To					
jim@t	pristolharbormarina.com								
	E-mail address: (to be used for future	e annual report noti	dication)	नील क					
For fu	orther information concerning this ma	atter, please call:							
James	Frazier	303 at (956-5679						
	Name of Person		Area Code & Daytime Telepho	one 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, Sui Tallahassee, FL 32303	ite 810					
	Enclosed is a check for the follo	wing amount:							
	■ \$25 Filing Fee	a :	\$55 Filing Fee & Certified Copy						

INHS18 (2/14)