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COVER LETTER

Division of Corporations		
Idle Awhile Resort SUBJECT:		
	of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Steven E Norman		
Name of Person		
Idle Ahwile Resort		
Firm/Company	\	
120 Georgetown Landing Road		
Address	······································	
Georgetown, F1. 32139		
City/State and Zip Code		
idleawhileresort@gmail.com		
E-mail address: (to be used for future annua	l report notification)	
For further information concerning this matter, pl	lease call:	
Steven Norman	914 413-1339 at ()	
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 an	mount:	
■ \$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.

1. Na	ame of the limited liability company: Idle Awhile Resor	ا د ا	د.			
2. (a)	Idle Awhile Resort		(b)	Idle Awhi	ile Resort	
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	120 Georgetown Landing Road			120 Georg	etown Landing Road	
	Georgetown, FL 32139			Georgetov	vn, FL 32139	
	10/18/2019		1	.19000262:	327	
3.	Date of filing/registration in Florida	4.	_		Document number	
5. (a)	Steven E Norman					
5. (a)	Registered Agent and Registered Office shown on the records of t	he Flo	rida i	Dept. of Stat	– e:	
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRI	ESS)		-	
	Plantation	33317	7		- 1	
(b)	Steven E Norman				E SECRE	
()	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		MILLED W. 6: 57 SECRETARY OF STATES			
	NEW Registered Office Address:				- - - - - - - - - - - - - - - - - - -	
	120 Georgetown Landing Road		_			
	Georgetown, FL	32139)		<u>-</u>	
change agent v was/we	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regist bility f the l limite	erec con limit d lia	l office an npany, it is ted liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.	
Signa	ture of a member or authorized representative of a member	-			Printed or typed name of signee	
provisi the obl to merc	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	e to e perfor for it ereby	act i mai n Cl cor	n this cap ace of my hapter 605 afirm that	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	

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

Signature of Registered Agent