## M9000271071

(Requestor's Name)					
(Address)					
(Address)					
G'i Grand G'i Dhana 10					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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02/16/21--01017--009 \*\*25.00

5 St. 50 In 6:00



## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJE	ect: PEACE	RIVER				
Name of Limited Liability Company						
Dear Si	ir 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:						
	V0.11 11.5-					
Name of Person						
PERKE RIVER RUILL						
Firm/Company						
14900 LAGUNA DR						
Address						
FORT WHERE FL 33908  City/State and Zip Code						
City/State and Zip Code						
TEFF HART 550 C GMAIL. Com E-mail address: (to be used for future annual report notification)						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
KELLY HART at (815) 269-9445						
	Name of Person			Area Code & Daytime Telephone Number		
	Mailing Address:			Street Address:		
	Registration Section			Registration Section		
	Division of Corporations			Division of Corporations The Centre of Tellahaman		
	P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
	Tallaliassee. TE 32314			Tallahassee, FL 32303		
Enclosed is a check for the following amount:						
	\$25 Filing Fee	Ü		Filing Fee & Certified Copy		

INHS18 (2/14)



RECEIVED

2021 APR 26 PM 3: 18

## FLORIDA DEPARTMENT OF STATE SECTION TALLA MARKET

April 15, 2021

**KELLY HART** 14900 LAGUNA DR FORT MYERS, FL 33908

SUBJECT: PEACE RIVER RV LLC Ref. Number: L19000271071

CARECTED ACTACHED

We have received your document for PEACE RIVER RV LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

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.

Letter Number: 521A00007741

Rebekah White Regulatory Specialist II Supervisor

www.sunbiz.org

## 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.

Name of the limited liability company:      PEA	CE RIVE	R RV LLC			
2. (a) 14900 LAGUNA DR	(b)	14900 LA-GUMA PR			
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
CORT MYERS, FL 33908		FORT MYEAR FL 33908			
10/29/2019		L19000271071			
3. Date of filing/registration in Florida	4.	Document number			
5. (a) BUD KRATER					
Registered Agent and Registered Office shown on the records of	of the Florida Dept. o	f State:			
19 DEL PRADO BIVO W#4					
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
CAPE CORPL .1	FL_33909				
(b) KELLY HART		~ `			
Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	<del></del>			
14906 LABUMA DR					
NEW Registered Office Address:		6			
		ć.			
FORT MYERS	FL 33902	<u>.                                    </u>			
If the limited liability company is not organized under the lichange or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the members the articles of organization or the operating agreement of the	he registered offic liability company s of the limited lia	te and the business office of the registered to it is hereby confirmed that the change(s) shillty company or as otherwise provided in			
Signature of a member or authorized representative of a member		Printed or typed name of signee			
<del>-</del>					
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complet the obligations of my position as registered agent as provid to merely reflect a change in the registered office address, notified in writing of this change.	gree to act in this le performance of led for in Chapter I hereby confirm i	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been			
Signature of Registered Agent					
C					