## L20000 159321

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

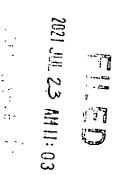
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July 14, 2021

**BRIAN ANDERSON** PO BOX 238362 PORT ORANGE, FL 32123

SUBJECT: CITATION ADVENTURES LLC

Ref. Number: L20000159321

We have received your document for CITATION ADVENTURES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Octavia L Simmons Regulatory Specialist II Supervisor Letter Number: 021A00016089

www.sunbiz.org

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Citatin Advent	1725 ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and f	cc(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Brian Anderica	_
Citation Adventivey Firm/Company	_
Po Box 238362 Address	_
Port Drange FL 32 City/State and Zip Code	123
E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	
Brian Anderson at (386) Name of Person	, <u>576</u> 2766 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:	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

## 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.

			ia .	_	
1. N	ame of the limited liability company: _	Citatin	Adventur	es LLC	
2. (a)	68 = Bayshore		b) PO Box 23	38362	
	Principal office address of limited liabi (Note: MUST BE STREET AD		_	ss of limited liability comp	•
	$\sim$ $\sim$		_	<u>(Y BE POST OFFICE BO</u>	<u>X</u> )
	_ fortoral	,	Port or	ange	
	<u> </u>	<del>-                                    </del>	- FL	32123	
	/ // >		1 1 0 -	1 1	
3.	<u>6-10-20</u>		L 20000 1		
3.	Date of filing/registration in F	•	Document		
5. (a)		Carporation 1	Agents Inc		
	Registered Agent and Registered Office shown	on the records of the Florida	a Dept, of State:		
		ORIDA STREET ADDRESS	$\overline{\Sigma}$		
	55755 och Semon	ran Blud	<u> 36</u>		
	Orlando		2822	202	
	$\supset$ 1	1		2021 JUL 2/3	<u>1</u>
(b)		-evson,		<u></u>	_1, <u>=-</u> 4
	Enter name of NEW Registered Agent and/or	NEW Registered Office ad	ldress;		7
	/ * C D	1		JUL 23 AM II:	
	68 E Bays	here	<del></del>		212
	NEW Registered Office Address:			AM II: 03	
				<b></b>	
	0 1 0	-	_		
	Port Drang	, FL <u>3</u>	<u> 2123</u>		
lf the li	mited liability company is not organize	d under the laws of the	Contract to the term		
спанде	or changes are made, the Fiorida street	address of the registere	ed office and the busine	es office of the rapids	المحيين
agene v	ill be identical. Or, in the case of a Flore authorized by an affirmative vote of	rida limited hability co	mnany it is hereby eon	stirmed that the above	
the arti	cles of organization of the operating agr	reement of the limited 1	iability company.	4	
<u> </u>	15m/1~		Bris	An Jersion	
Signat	are of a member or authorized representative of	a member	Printed or typ	ped name of signee	
1 herel provisio	y accept the appointment as registered his of all statutes relative to the proper	agent and agree to act	in this capacity. I fintly	her agree to comply w	ith the
the obli to mere	ins of all statutes relative to the proper gations of my position as registered age ty reflect a change in the registered offi in writing of this change	ent as provided for in C	hapter 605, F.S. Or, if	am jamutar with and this document is bein	accept g filed
notifica	7		ngarm and the limited li	ianuity company has l	veen
Signone	of Revisional Agent			•	