

L20 000 203870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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CLERK OF STATE
TALLAHASSEE, FL

SEP 2 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COOPER'S CAVE TREASURES Camp LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Will. Irsy
Name of Person
Will. Irsy & Company LLC
Firm/Company
124 N. Main St.
Address
Chiefland, FL 32626
City/State and Zip Code
will@will-irsy.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Will Irsy at 352 538-9911
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

**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: COOPER'S COVE TREASURE CAMP LLC
2. (a) 124 N. Main St. Chiefland, FL (b) 124 N Main St. Chiefland, FL 32626
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 07/14/2020 Date of filing/registration in Florida 4. C20000203870 Document number

5. (a) William W. Irby
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
16550 NW 66TH AVE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Chiefland FL 32626

- (b) Will. Irby
Enter name of NEW Registered Agent and/or NEW Registered Office address: ☒

124 N. Main St.
Chiefland, FL

FL 32626

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.

Paige S. Brooks
Signature of a member or authorized representative of a member

Paige S. Brooks
Printed or typed name of signee

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.

Will. Irby
Signature of Registered Agent

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2020 AUG - 7 PM 12:43
STATE OF FLORIDA
TALLAHASSEE, FL