(Requestor's Name) (Address)	
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(City/State/Zip/Phone #)	, ,
(Business Entity Name)	12/03/2001001007 ++25.00
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TO: **Registration Section** Division of Corporations

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PORTZPORT, LLC Name of Limited Liability Company SUBJECT:

Dear Sir 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:

LAARY WALSH PORT2 PORT. LLC 16 RIKER AVENUE SANTA ROSA Beach, FL 32459 City/State and Zin Code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAAAY WALSH at (850) 460 4010 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 amount:

X \$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. Name of the limited liability company: PORT 2 PORT, LLC 2. (a) <u>16 RIKER AVENUE</u> (b) <u>16 LIKER AVENUE</u> Principal office address of limited liability company: Mailing address of limited liability company: Note: MUST BE STREET ADDRESS) LOSA BEACH, FL SANTA ROSA BEACH 32459 3245 Document number 3. Scott Markowitz Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 5. (a) 174 WATERCOLDR WAY Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 103418 DEC -2 PH 3: SANTA RASA BEACH .FL 32459 (b) <u>LARRY</u> WALSH Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>: _____ 16 RIKER AVENUE NEW Registered Office Address: SANTA ROSA BEACH FL 32459 , FL 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. LAAAI WALSH Printed or typed name of signee ature of a member or authorized representative of a member

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.

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

of Registered Agent

Х Signature



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2020

LARRY WALSH PORT2PORT, LLC 16 RIKER AVENUE SANTA ROSA BEACH, FL 32459

SUBJECT: PORT2PORT, LLC Ref. Number: L20000304161

We have received your document for PORT2PORT, LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$25.00.

We have received your document for PORT2PORT, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

Letter Number: 620A00023361

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