

120000 321324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

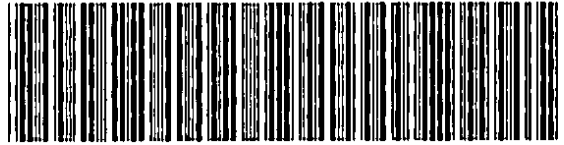
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2021 AUG 23 PM 5:42  
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FALLS CHURCH, VA

09/07/2021  
JH



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 AUG 23 PM 2:55

August 4, 2021

MATTHEW B MYERS  
5069 BEIGE STREET  
JACKSONVILLE, FL 32258 US

SUBJECT: FLIPPERS DIVING LLC  
Ref. Number: L20000321324

We have received your document for FLIPPERS DIVING LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 021A00018321

**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: Flippers Diving

2. (a) Flippers Diving Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
4947 Grand Lakes Drive North, Jacksonville, FL 32259

(b) Flippers Diving Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
4947 Grand Lakes Drive North, Jacksonville, FL 32258

3. 11/2020 Date of filing/registration in Florida

4. L20000321324 Document number

5. (a) Matthew B. Myers  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

4947 Grand Lakes Drive North

Jacksonville, FL 32258

(b) Matthew B. Myers  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Office Address:**

5069 Beige Street

Jacksonville, FL 32258

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, 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.

Matthew B. Myers  
Signature of a member or authorized representative of a member

Matthew B. Myers  
Printed or typed name of signer

*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.*

Matthew B. Myers  
Signature of Registered Agent

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