

L20000338042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

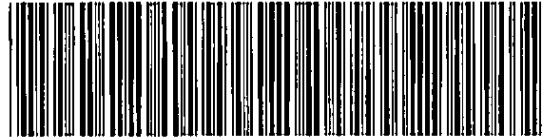
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2021 AUG 13 PM 12:09

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 AUG 13 AM 10:52

July 23, 2021

ARIANNA CARRINGTON HOOKER  
1678 E SILVER STAR RD  
OCOOEE, FL 34761

SUBJECT: HERON CAY LAKEVIEW B&B INN LLC  
Ref. Number: L20000338042

We have received your document for HERON CAY LAKEVIEW B&B INN LLC and your check(s) totaling \$210.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

We are enclosing the proper form(s) with instructions for your convenience.

Was there an amendment filed for the registered agent entity name to change the name.

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.

Catherine M Brumbley  
Regulatory Specialist II

Letter Number: 821A00017174

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HERON CAY LAKEVIEW B&B INN LLC  
Name of Limited Liability Company

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:

ARIANNA CARRINGTON-HOOKER  
Name of Person

INNOVATIVE TAX SOLUTIONS OF CENTRAL FLORIDA INC  
Firm/Company

1678 E SILVER STAR RD  
Address

OCOE FL 34761  
City/State and Zip Code

INFO@ITSCFL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARIANNA CARRINGTON-HOOKER at ( 407 ) 499-2967  
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:

- \$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: HERON CAY LAKEVIEW B&B INN LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
495 W OLD HWY 441  
MOUNT DORA, FL 32757

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
495 W OLD HWY 441  
MOUNT DORA, FL 32757

3. 10/26/2020 Date of filing/registration in Florida

4. L20000338042 Document number

5. (a) INNOVATIVE TAX SOLUTIONS OF CENTRAL FL INC  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
1616 ISON LANE  
OCOEE, FL 34761

(b) INNOVATIVE TAX SOLUTIONS OF CENTRAL FLORIDA INC  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
1678 E SILVER STAR RD  
OCOEE, FL 34761

**FILED**  
 2021 AUG 13 PM 12:09  
 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.

Margie Salyer Signature of a member or authorized representative of a member

MARGIE SALYER, AMBR 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.*

[Signature]  
 Signature of Registered Agent