

L21000057517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

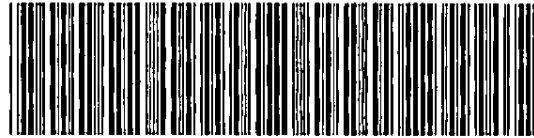
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/29/21 10:11:11 AM

FILED
2021 OCT -8 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 OCT -8 AM 8:16

July 23, 2021

ARIANNA CARRINGTON-HOOKER
1678 E SILVER STAR RD
OCOE, FL 34761

SUBJECT: BOB LOHR GOLF LLC
Ref. Number: L21000057517

We have received your document for BOB LOHR GOLF 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.

Has the registered agent entity name filed for articles of amendment 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: 121A00017173

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOB LOHR GOLF 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

407

499-2967

at (_____) _____

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: BOB LOHR GOLF LLC
2. (a) 7117 SOMERTON BLVD
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
ORLANDO, FL 32819
- (b) 7117 SOMERTON BLVD
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
ORLANDO, FL 32819
3. 02/02/2021 Date of filing/registration in Florida
4. L21000057517 Document number

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

INNOVATIVE TAX SOLUTIONS OF CFL INC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1616 ISON LANE

OCOE, 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

OCOE, FL 34761

FILED
2021 OCT -8 AM 8:48
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.

Robert H. Lohr 9/30/21
Signature of a member or authorized representative of a member

ROBERT LOHR

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.

Shawn H. Hark
Signature of Registered Agent

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