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Division of Corporations

Fax Number

15129570210

: (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Phone : (888)706-7274 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email .	Address:		
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LLC REGISTERED AGENT CHANGE FORT LAUDERDALE MOTORCOACH RESORT AND YACHT ELC

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COVER LETTER

TO: Registration Section Division of Corporations

15129570210

FORT LAUDERDALE MOTORCOACH RESORT AND YACHT LLC SUBJECT:

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 n	natter to the following:
Vanessa Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	·
Corporate Center One, 5301 Southwest P	Pkwy, Ste 400
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ease call:
Vanessa Castillo	888 705-7274
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations

Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee

INHS18 (2/14)

○ 11/22/2022 1:35 PM

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

→ 18506176383

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. Na	me of the limited liability company:	FORT LAUDER	RDALE	MOTORC	OACH RESORT	T AND YACHT LL	C
2. (a)	2323 State RD 84		(b)	25 Blo	oomingda	le Rd	
(,	Principal office address of limited lia (Note: MUST BE STREET A Fort Lauderdale, F	DDRESS)	. (-)	М	ailing address of limite (Note: MAYBE POS VIIIe, NY 1	ed liability company: ST OFFICE BOX	
	TOIT Lauderdale, I	L 33100		1110/13	VIIIO, 141 1		_
	3/4/2021		_	L2100	0093576		
3.	Date of filing/registration in	Florida	4.		Document number		
5. (a)	Blumbergexcelsior C	orporate Se	ervic	es, Inc			
J. (47	Registered Agent and Registered Office show 155 Office Plaza D	r		Dept. of State:			
	1st Floor	LORIDA STREET AD	DRESS)			2022 NOY 22 AH 11: 44 2022 NOY 22 AH 11: 44	
	Tallahassee,	, FL	3230	1		YOY .	
(b)	Registered Agent S	olutions, l	nc.			22 A	
·	Enter name of NEW Registered Agent and/	or NEW Registered O	Mce add	<u>(G2</u> :		<u></u>	
	155 Office Plaza D	r.				1	
	NEW Registered Office Address:						
	Suite A						
	Tallahassee	, FL 3	3230	1			
If the li	imited liability company is not organi	zed under the laws	of the S	State of Flor	rida, it is hereby co	onfirmed that after	

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.

/s/ WILLIAM J MCDERMOTT

WILLIAM J MCDERMOTT Authorized Person

Signature of a member or authorized representative of a member

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 of Registered Agent

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