## L21000370079

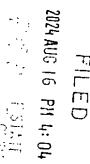
(R	equestor's Name)	·
(A	ddress)	
(A	ddress)	<del></del>
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer.	
		AUG Z 1 202

Office Use Only



800434636398

08/16/24--01018--418 \*\*25.00



## COVER LETTER

Division of Corporations				
SUBJECT: Pick Your Charter 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:				
Richard Goodwin  Name of Person  Oile Van Ol tan 110				
Pick You Charter LLC Firm/Company				
2521 Caslotti Way				
Cape Coral, F1 33909 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Richard Goodwin at (239) 839-6528  Name of Person Area Code & Daytime Telephone Number				
Name of Person Area Code & Daytime Telephone Number				
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303				
Enclosed is a check for the following amount:				
\$25 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.

l. N	ame of the limited liability company: Pick Your Charter	LLC
	0 1 11	521 Caslotti Way
		failing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Cape Coral, FL 33909 Co	pe Coral, F1 33909
		. 4
2		11000370079
3.	_	Document number
5. (a)	Republic Registered agent LLC Registered Agent and Registered Office shown on the records of the Florida Dept. of State	:
	1150 NW 72rd Que Tower I	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	<u>3te 455</u>	N
	Miami FL 33126	
(b)	Richard Goodwin	8 6 F
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	고 교
	2521 Caslotti Way	POUR DIG 16 PH 4: OU
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
	Cape Cora) FL 33909	
change agent was/w	limited liability company is not organized under the laws of the State of Floe or changes are made, the Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative vote of the members of the limited liability icles of organization or the operating agreement of the limited liability com	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Signa	nure of a member of authorized representative of a member	Printed or typed name of signee
provis the ob- to mer	by accept the appointment as registered agent and agree to act in this capa ions of all statutes relative to the proper and complete performance of my digations of my position as registered agent as provided for in Chapter 605, lelv reflect a change in the registered office address, I hereby confirm that the din writing of this change.	city. I further agree to comply with the uties, and I am Jamiliar with and accept F.S. Or, if this document is being filed he limited liability company has been

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