

L24000068931

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

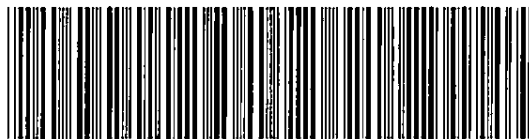
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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sharkys Golf Cart Repair & Rental
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:

Marc James Raymond
Name of Person

Sharkys Golf Cart Repair & Rental
Firm/Company

2 Betty Rose Dr Apt 224
Address

Key West Florida 33040
City/State and Zip Code

sharkyskw@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maegan Morrison Raymond at (254) 625-0375
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: Sharkys Golf Cart Repair & Rental
2. (a) 2 Betty Rose Dr. ste. 224 Key West Fl. 33040
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
- (b) 2 Betty Rose Dr. Key West Fl/ 33040
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. Seventh Day, February 2024
Date of filing/registration in Florida
4. L24000068931
Document number

5. (a) Inc Authority Ra
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
390 North Orange Ave STE. 2300-N Orlando Fl. 32801
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
390 north ornge ave ste 2300-n
orlando, FL 32801

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TALLAHASSEE, FL

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
- Marc James Raymond
NEW Registered Office Address:
2 Betty Rose Dr, STE 224
Key West, FL 33040

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.

Meagan Tara Morrison
Signature of a member or authorized representative of a member

Meagan Tara Morrison
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.

Marc James Raymond
Signature of Registered Agent