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(Address)			
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(City/State/Zip/Phone #)			
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(Business Entity Name)			
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COVER LETTER

TO: Registration Section Division of Corporations		
316 Kayak Adventures, LLC SUBJECT:		
	Name of Limited Li	ability Company
Dear Sir or Madam;		
The enclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the f	ollowing:
Joshua Roberts		
Name of Person		_
Roberts & Easley, LLC		
Firm/Company		_
2202 W. Chesterfield Blvd.; Ste. 100		
Address		
Springfield, Missouri 65807		
City/State and Zip Cod	de	
jroberts@robertsandeasley.com		
E-mail address: (to be used for future	annual report notific	cation)
For further information concerning this mat	tter, please call:	
Joshua Roberts	417 at (881-1076
Name of Person	ar \	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follow	ing amount:	
■ \$25 Filing Fee	□ \$5	5 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. N	ame of the limited liability company: 316 Kayak Ad	lventures, LL	<u> </u>
2. (a)		(b	o)
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4141 E. 15th Street; Apt. 936		4141 E. 15th Street; Apt. 936
	Panama City, FL 32404		Panama City, Fl. 32404
	May 31, 2024		1.24000249584
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
<i>5</i> . (a)	Registered Agent and Registered Office shown on the records	s of the Florida	Dupt, of State;
	Shawn Johnston		
	Registered Office Address (MUST BE FLORIDA STRE	<u>ET ADDRESS</u>	<u></u>
	1000 Plantation Drive		
	Panama City	32404	
	·	P1	
(b)			
(0)	Enter name of NEW Registered Agent and/or NEW Register	ered Office ad	dress:
	Greyson A. Roberts		
	NEW Registered Office Address:		
	4141 E. 15th Street; Apt. 936		<u></u>
	Panama City	FL 32404	
change agent was/w		laws of the the registere I liability co rs of the lim the limited li	State of Florida, it is hereby confirmed that after the doffice and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and completigations of my position as registered agent as proviety reflect a change in the registered office address, and in writing of this charge.	ete performa	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept chapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been

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