L9700001063

(Re	equestor's Name)					
(Ad	ldress)					
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(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
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Certified Copies	_ Certificates	of Status				
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SECRETARY OF STATE

ATTACASES FROM

COVER LETTER

	ER DEFFER	
TO: Registration Section		
	· ·	
Division of Corporations		
	*,	
SUBJECT: Cooter's Bar, L.C.	•	
	ited Liability Company)	
(**************************************		
Dan Cinan Malana		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
	<u> </u>	
·		
arry L Mears		
(Name of Person)		
Contoria PariaT7Caria		
Cooteris_Bar; EL7.Corus		
(Firm/Company)		
•		
407 Poobling Bood C	'¥	
-407 Roebling Road S		
(Address)	,	
4		
Bélléair, FL 33756		
(City/State and Zip Code)		
(Only/State and Zip code)		
For further information concerning this matter, p	blease call:	
RADON 1 NEARS	62.66	
BARRY L. MEARS at	(727) 446-5288	
(Name of Person)	(Area Code & Daytime Telephone Number	
(**************************************	(com com co zu,c	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle		
	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Parlamenta esta de la como de		
Enclosed is a check for the following ar	mount:	
∑\$25 Filing Fee	S55 Filing Fee & Certified Conv	

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. The na	me of	the limit	ed liability company is:	Coo	ter's Bar,	L.C.			<u> </u>
2. The ma	ailing	address o	of the limited liability co	mpany is:					
	•		Clearwater, FL	• • -					
9/2	4/19	97			L9700000106	3			
3. Date o	f filing	g/registra	tion in Florida		4. Document nui	mber			
		the regist	tered agent and the regist State:	ered office	address as shown	on the rec	cords of	the	
	•		Lawrence H.						
			423 Poinsett	Name :ia Aven	ue				
				Address		-	ESS:	07	
			Clearwater,			-	至於	APR	
6 TI			• •	State and Zi	•		ASS	APR 23	FILED
6. The nar	ne and	address	of the new registered ag	ent and/or o	office:	•	HC.	2	Ē
			R. Carlton W	lard				H 12	0
				lame '		•		PH 12: 48	
	•		1253 Park St Florida street address		NOT accentable)	*	A	ω	
			Clearwater	FĽ	33756				
			City, St	ate and Zip					
confirmed and the bu liability co of the me of the ope	that a siness ompan mbers rating	office of y, it is he of the line of the l	mpany is not organized us thange or changes are may the registered agent will be reby confirmed that the mited liability company on the limited liability rized representative of a member	ade, the Flor Il be identica change(s) wor as otherwoon company.	rida street address al. Or, in the case vas/were authorize	of the reg of a Flor ed by an a e articles	gistered ida limi ffirmati	offic ted ve vo	te
(Printed or ty	ped nan	ne of signee							
I hereby a comply with and I am f Chapter of address, I		////	nintment as registered ag ns of all statutes relative nd accept he obligations this document is being fi that the limited liability	ent and agr to the prosit of my posit led to mere company h	ee to act in this ca er and complete p jon as registered i y reflect a change ias been notified in	ipacity. I erforman agent as p in the re n writing (further ce of my provided gistered of this c	agre duti d for d offic chang	e to es, in ce e.

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