

M1300002688

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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

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**LLC REGISTERED AGENT CHANGE
INTRIGUING ENDEAVORS, LLC**

Certificate of Status	0
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AUG 10 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTRIGUING ENDEAVORS, 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:

Alyssa Sonnier

Name of Person

INTRIGUING ENDEAVORS, LLC

Firm/Company

120 W Pajo St Ste 300

Address

LAKE CHARLES LA, 70601-4202

City/State and Zip Code

alyssas@doreenergy.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alyssa Sonnier

at (337)

502-5321

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: INTRIGUING ENDEAVORS, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

120 W. PUJO ST. STE 300

LAKE CHARLES, LA 70601

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

120 W. PUJO ST. STE 300

LAKE CHARLES, LA 70601

04/29/2013

M13000002688

3. Date of filing/registration in Florida 4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

William Dore Sr.

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

219 SCENIC GULF DR. #1120

MIRAMAR BEACH, FL 32550

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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TALLAHASSEE, FLORIDA

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.

Kay L. Doré
Signature of a member or authorized representative of a member

Kay L. Doré, Manager
Printed or typed name of signer

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.

By: Kimberly Steinmetz
Signature of Registered Agent Kimberly Steinmetz Vice President and Assistant Secretary

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