## M1300000 5741

		<u> </u>					
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	WAIT	MAIL					
(Business Entity Name)							
(5.	omos emily man						
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
		4					





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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: September 6, 2019

Order#: 902571-014

Re: OLD TOWN SLINGSHOT, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX \_\_\_ Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Please return evidence to the following:

Attn: Matthew Ermak c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX \_\_ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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.	Na	one of the limited liability company	OLD TOWN SLIP	VGSHO1	r, llc		
2.	(a)	5782 W Irlo Bronson Hwy		(b)	(b) 5782 W Irlo Bronson Hwy		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)		
		Kissimmee	FL 34746	_	Kissimmee, FL 34746		
		09/11/2013	B. Sang Pay	_	M13000005741		
3.		Date of filing/registration	in Florida	4.	Document numbe	r	
5.	(a)	C T CORPORATION SYSTEM					
	` ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		1200 SOUTH PINE ISLAND ROA	AD.				
		Registered Office Address (MUST BE	<del></del>	DDRESS)			
		PLANTATION	, FL_	33324	<del></del>	<b>201</b> 1 Sec	
(1	(b)	Corporation Service Company			ř. 	2019 SEP	
		Enter name of <u>NEW Registered Agent</u> and	d/or <u>NEW Registered C</u>	Office add:	ren: A	. 0	
		1201 Hays Street			6.6 FF: Unit		
		NEW Registered Office Address:				ω	
		100					
		Tallahassee	FL	32301			
the ag wa the line of the to	echa ent was/we sartic Signat herelovisia ovisia mere	mited liability company is not organge or changes are made, the Florid will be identical. Or, in the case of a cre authorized by an affirmative vote cles of organization or the operating ture of a member or authorized representative vaccept the appointment as register one of all statutes relative to the projections of my position as registered by reflect a change in the registered in writing of this change.	a street address of the Florida limited liable of the members of agreement of the liable of a member.	he regist bility cor the limit imited lia Jill Ci	ered office and the business of appany, it is hereby confirmed led liability company or as of ability company.  Ilmi, Authorized Person  Printed or typed number this connective of further and	office of the registered that the change(s) therwise provided in e of signee	
Si	gnatur	e of Registered Agent Corporation Se	vice Company	BY: Gra	ace E. Kirby, Asst. Vice Pr	resident	