

M 15 00000 705L

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

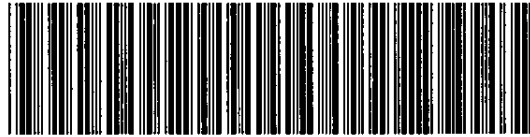
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 15 2016

J SHIVERS

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2015

ZACH JOHNSON
11714 EMERALD COAST PKWY
MIRAMAR BEACH, FL 32550

SUBJECT: PCB RV RESORT LLC
Ref. Number: M15000003056

We have received your document for PCB RV RESORT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 415A00024108

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PCB RV Resort LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zach Johnson

Name of Person

Central Commercial Management, LLC.

Firm/Company

11714 Emerald Coast Parkway

Address

Miramar Beach, FL 32550

City/State and Zip Code

zach@flcoastalcompanies.com

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

For further information concerning this matter, please call:

Zach Johnson

850 269-9818

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

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

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: PCB RV Resort LLC

Enter new principal office address, if applicable: 4702 Thomas Drive

(Principal office address

MUST BE A STREET ADDRESS)

Panama City Beach, FL 32408

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

11714 Emerald Coast Parkway

Miramar Beach, FL 32550

2. The Florida document number of this limited liability company is: M15000003056

3. Jurisdiction of its organization: FL

4. Date authorized to do business in Florida: 4/22/2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Zach Johnson

New Registered Office Address: 11714 Emerald Coast Parkway

Enter Florida Street Address

Miramar Beach

City

Florida 32550

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Daniel Bruce</u>	<u>3424 Peachtree Rd. NE</u>	<input checked="" type="checkbox"/> Add
		<u>Atlanta, GA 30326</u>	<input type="checkbox"/> Remove
<u>AMBR</u>	<u>Todd Baldree</u>	<u>3424 Peachtree Rd. NE</u>	<input checked="" type="checkbox"/> Add
		<u>Atlanta, GA 30326</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

[Signature]
Signature of the authorized representative

Daniel Bruce
Typed or printed name of signee

Filing Fee: \$25.00