M15000006758

(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



500355496955



TALL AFFERSELVE AND SECTION OF THE S

NON 51 5050

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

abbie Hodge

DATE:

11/23/20

NAME:

OTTER PRODUCTS, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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.	Νε	me of the limited liability company: Otter Products, LL	С				
	(a)			(b)			
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)		ing address of limited liability company:	
		209 S. Meldrum Street			209 S. Meldrur	n Street	
		Fort Collins, CO 80521-2603	_		Fort Collins, C	O 80521-2603	
		08/26/2015		Ν	115000006758		
3.		Date of filing/registration in Florida	4.	_	Doe	cument number	
5.	(a)						
		Registered Agent and Registered Office shown on the records of the Florida De C T Corporation System			Dept. of State;		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				. 5	
		1200 South Pine Island Road				700 2 -1	
		Plantation, FL	33324	,		0W 23	
	/Lx						
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office	addı	ress:		
		Florida Filing & Search Services Inc.				DOD HOW 23 AM 99 10	
		NEW Registered Office Address:			<u>, </u>		
		155 Office Plaza Drive, Suite A		_			
		Tallahassee, FL_	32301				
cha age wa	ange ent w s/we	or changes are made, the Florida street address of the routel be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of n or the operating agreement of the liab	regist oility othe l	ered com imit	office and the pany, it is her ed liability co	business office of the registered beby confirmed that the change(s) mpany or as otherwise provided in	
kevin M. Sullivan				Kevin Sullivan			
	-5	EFFOCEB48B Lthorized representative of a member				ited or typed name of signee	
11. pro the to not	ierek ovisie obli mere ifiea	by accept the appointment as registered agent and agreen on sof all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	e to a verfor for in vereby	nct ir man 1 Ch con	this capacity ce of my dutie apter 605, F.S firm that the l	. I further agree to comply with the ss, and I am familiar with and accept 5. Or, if this document is being filed imited liability company has been	
Sig	nahu	e of Registered Agent					