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### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H17000334594 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

: (702)B66-2500

Phone Fax Number

: (702)866-2689

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

Email Address: Managed reports @ in corp, com

LLC REGISTERED AGENT CHANGE MULLIGANS SEBASTIAN ACQUISITION LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

# H170003345943

#### COVER LETTER

TO: Registration Section Division of Corporatio	ns		
SUBJECT: Mulligans Seba	stian Acquisition LLC		<u> </u>
<del></del>	bility Company		
Dear Sir or Madam:			<del></del>
The enclosed Registered Agent	/Registered Office Chan	ge and f	cc(s) arc submitted for filing.
Please return all correspondent	e concerning this matter	to the fo	ollowing:
Georgia Dorsam			_
Name	of Person		
InCorp Services, Inc.			_
Firm/C	Сошрапу		_
3773 Howard Hughes Park	way, Suite 500S		
Add	ress		-
Las Vegas, NV 89169-6014			
City/State	and Zip Code		_
managedreports@incorp.co	m		
E-mail address: (to be use	d for future amual repor	rt notific	zation)
For further information concern	ning this matter, please c	all:	3 °
Georgia Dorsam	at (	800	246.2677 ext. 6912
Name of Perso			Area Code & Daytime Telephone Number
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns	Reg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations . Box 6307 shassee, Florida 32314
Tallahassee, Florida 32		•	
Enclosed is a check fo	or the following amount	t:	
☑ \$25 Filing Fee		□ \$55	5 Filing Fee & Certified Copy
INHS18 (2/14)		_	- 1-0.17
	H1700	032	345943

### H17000 334 594 3

# 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.

(a)	808 Indian River Dr.	<b>ቤ</b>	) <u>(2</u>			
` ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		, <del></del> _	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE ROX)		
	Sebastian, FL 32958	<del></del>				
	12/29/2015		M15000	010368		
	Date of filing/registration in Florida	4.		Document number		
(a)	CORPORATION SERVICE COMPANY					
()	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of S	tate:		
	1201 Hays Street			·		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS	2	<del>''                                   </del>		
	Taliahassee . FI	3230	)1-2525	_ ·	<b>1 1 1</b>	
		·		_	7 % ¥	
(ъ)	InCorp Services, Inc.				7 n N	
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	dress:	_		
	17888 67th Court North		11		<b>=</b>	
	NEW Registered Office Address:		<u> </u>	<del>_</del>	# 50 # 50	
	Loxahatchee		3470			
cha nt w /wc	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	ws of the f the regis ability co of the lim limited I	stered offi impany, in ited liabiliability co	ice and the business off t is hereby confirmed th lity company or as other	ice of the regist	c
	ture of a member or authorized representative of a member	Gre	g Carey	Printed or typed name of	filmee	_
		ree to act	iri tils co	***	•	L
eret visio obli nere	by accept the appointment as registered agent and aground on the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I find the provider of the change in the registered office address, I find the provider of the change in the registered office address. I find the provider of the provider	perform d for in ( hereby co	anc : oj m Chapter 6 onfirm the	D5, F.S. Or, if this docu at the limited liability co	ument is being j ompany has bee	'n

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

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