

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

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LLC REGISTERED AGENT CHANGE BYO RECREATION LLC

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Electronic Filing Menu Corporate Filing Menu

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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.

| . Na | ame of the limited liability company: | ION LLC | |
|--------------------------------------|--|---|---|
| . (a) | no change (b) no change | | nge |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 01/06/2016 | M16000 | |
| | Date of filing/registration in Florida | 4. | Document number |
| . (a) | CORPORATION SERVICE COMPANY | | |
| | Registered Agent and Registered Office shown on the records of 1201 HAYS STREET | the Florida Dept. of S | State: |
| | Registered Office Address (MUST RE FLORIDA STREET) | ADDRESS) | |
| | | | :· |
| | TALLAHASSEE , FL | 32301 | 19 JAN 1- |
| | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | | <i>U</i> , |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office address: | E S. FLO |
| | C T Corporation System | | A 8: 55 |
| | NEW Registered Office Address: | | |
| | 1200 South Pine Island Road | | |
| | Plantation , FL | 33324 | |
| e char gent w as/we e artic | mited liability company is not organized under the law nge or changes are made the Florida street address of vill be identical. Or, in the case of a Florida limited lia re authorized by an all thative vote of the members of cles of organization of the operating agreement of the | the registered of | fice and the business office of the registe it is hereby confirmed that the change(s) ility company or as otherwise provided in company. Manager |
| _ | ure of a member or authorized representative of a member | | Printed or typed name of signee |
| hereb rovisio e obli | y accept the appointment as registered agent and agr ons of all staputes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I h | ee to act in this coperformance of mand for in Chapter 6 hereby confirm the | apacity. I further agree to comply with ny duties, and I am familiar with and acc 505, F.S. Or, if this document is being fi at the limited liability company has beer |
| опунеа | in writing of this change. rporation System / J. / Alfre | ed Youna | |

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