

M210000001498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

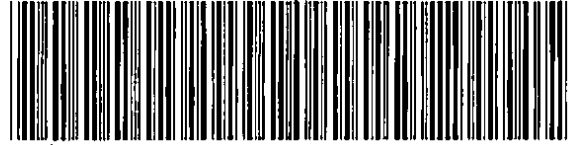
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CLERK OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 DEC -4 AM 11:04

FILED

A. PARISHANI

DEC 16 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPORTFISH MARINA RESORT, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TED H. WEITZEL

Name of Person

SPORTFISH MARINA RESORT, LLC

Firm/Company

1433 S.W. GREENS POINTE WAY

Address

PALM CITY FL. 34990

City/State and Zip Code

ted@SPORTFISHMARINARESORT.COM

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

For further information concerning this matter, please call:

TED H. WEITZEL

Name of Person

at (305) 979-1792

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 DEC -4 AM 11:04

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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.

Name of the limited liability company: SPOTFISH MARINA RESORT, LLC

(a) 304 NW Flagler Ave

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

STUART, FL 34994

(b) 1433 S.W. Greens Pointe Way

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Palm City, FL 34990

02/05/2021

Date of filing/registration in Florida

M2100000 1498

4.

Document number

(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

(b) TED H. WEITZEL

Enter name of NEW Registered Agent and/or NEW Registered Office address:

1433 S.W. Greens Pointe Way

NEW Registered Office Address:

Palm City, FL 34990

DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

TED H. WEITZEL
Printed or typed name of signee

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.

[Signature]
Signature of Registered Agent