

P14000083316

2018-01-08 10:36:46 CST

9542080845 From: Ranae McGraw

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (350) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512) 418-6949
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE
LONGREN & PARKS INC.

Certificate of Status	0
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Page Count	03
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Longren&ParksInc

Name of Corporation

DOCUMENT NUMBER: P14000083316

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steve Longren

Name of Contact Person

Longren&ParksInc

Firm/Company

5265BeachsideDrive

Address

Minnetonka,MN55343

City/State and Zip Code

steve@longrenparks.com

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

For further information concerning this matter, please call:

Steven Longren

612 961-4559

Name of Contact Person

at ()
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E/45(03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Longren&ParksInc.
2. The principal office address: 5265BeachsideDriveMinnetonka,MN55343
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/4/2014 Document number: P14000083316
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:(If resigned, enter resigned)
LONGREN,STEVE
4685BLACKBERRYDRIVE
FORTMYERS,FL33905
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CTCorporationSystem
c/oCTCorporationSystem,1200SouthPineIslandRoad
P.O. Box NOT acceptable
Plantation,Florida33324

2018 JAN -8 PM 4: 48

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Steven D Longren Steven D Longren-President
 Signature of an officer or director Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: CTCorporationSystem 12/29/2017
[Signature] Signature of Registered Agent Date

If signing on behalf of an entity:

Jennifer Quinn-Assistant Secretary
 Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
 CR2F045 (03/12)