

P19 000083038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

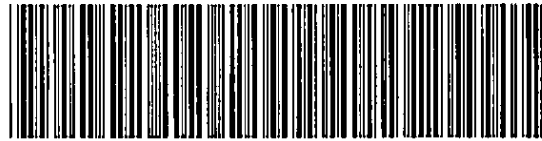
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Liza Ogles gave  
permission to  
correct the document.  
08/25/21 DC

Office Use Only



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04/20/21--01037--008 ++25.00

RA Change

10/29/21

DC



RECEIVED

2021 JUL -6 PM 3:30

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 14, 2021

ATTN: ELIZABETH OGLES  
211 72ND TRACE  
LIVE OAK, FL 32064

SUBJECT: OUTDOOR CREDIT, INC.  
Ref. Number: P19000083038

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SASHA B PENNYWELL  
Regulatory Specialist II

Letter Number: 021A00013183

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Outdoor Credit Inc.  
Name of Corporation

DOCUMENT NUMBER: P19000083038

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:

Elizabeth Ogles

Name of Contact Person

Outdoor Credit Inc

Firm/Company

211 72nd Trace

Address

Live Oak FL 32064

City/State and Zip Code

lizao@keensbuildings.com

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

For further information concerning this matter, please call:

Michael Massey

Name of Contact Person

at ( 352 ) 339 - 3907

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Outdoor Credit Inc
2. The principal office address: 211 72nd Trace Live Oak Fl 32064
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/1/2019 Document number: P19000083038
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)

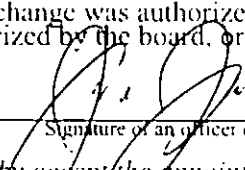
Kuznik, Wayne A  
1135 NW 23rd Ave Ste ES  
Gainesville Fl 32609

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Ogles, Elizabeth A  
211 72nd Trace  
P.O. Box NOT acceptable  
Live Oak Fl 32064

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.

  
\_\_\_\_\_  
Signature of an officer or director

Kevin Keen, CEO  
\_\_\_\_\_  
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.*

Elizabeth A Ogles  
\_\_\_\_\_  
Signature of Registered Agent

4/16/21  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Elizabeth A. Ogles  
\_\_\_\_\_  
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