

L00000000972

(Requestor's Name)



Independently Owned & Operated by
Emerald Coast Deli's, LLC
P.O. Box 6854

(City, Destin, FL 32550)

PICK-UP WAIT MAIL

(Business Entity Name)

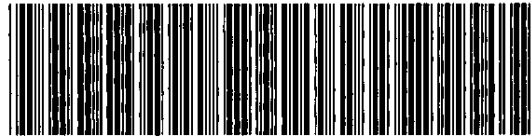
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10 SEP 23 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

1. Name of the limited liability company: EMERALD COAST DELI'S, LLC

2. (a) Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

199 BUCK ROAD
SANTA ROSA BEACH, FL 32459

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

P.O. Box 6854
DESTIN, FL 32550

01/26/2000

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3. Date of filing/registration in Florida

4. Document number

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

Registered Agent: DAVID A. BEYER
Registered Office Address: CLODLA PIPERUS LLP
100 NORTH TAMPA ST. SUITE 2200
TAMPA, FL 33602

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: SHANNON McQUILLAN
NEW Registered Office Address: 199 BUCK RD.
(MUST BE FLORIDA STREET ADDRESS) SANTA ROSA BEACH, FL 32459

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.

William P. McQuillan
Signature of a member or authorized representative of a member

William McQuillan
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 608, 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.

Shannon McQuillan
Signature of Registered Agent

FILED
SEP 23 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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