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(Requestor's Name)				
		•		
(Address)				
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	■ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			





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COVER LETTER

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TO: Registration Section Division of Corporations	·				
SUBJECT: 3rd Base Resorts, LLC (Name of Limited Liability Company)					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
Janet Seaton (Name of Person)					
3rd Base Resorts, LLC (Firm/Company)					
PO Box 10210 (Address)					
Fort Smith AR 72917					
(City/State and Zip Code)					
For further information concerning this matter,	please call:				
Janet Seatona	at (479) 783-0209				
(Name of Person)	(Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
\$25 Filing Fee	☑ \$55 Filing Fee & Certified Copy				

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.	Nar	me of the limited liability company: 3rd Base Re	sorts, LLC	Œ
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 5871 Gulf of Mexico Drive	0
		(ITOK. MUST DI BINDET MEDILE)	Longboat Key Florida 34228	Ð
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PO Box 10210 Fort Smith AR 72917	83 83
			See See	
09	/25/2	2006	L06000093767	n: 9
3.	Dat	e of filing/registration in Florida	4. Document number	g sages
5.	(a)	Registered Agent and Registered Office shown on t	· • • • • • • • • • • • • • • • • • • •	
		Registered Agent:	Charles Palmer 5	
		Registered Office Address:	4134 Gulf of Mexico Drive	
			Suite 301 Longboat Key, Florida 34228	.
		NEW Registered Agent:	Charles Palmer	
				•
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		<u>MUST BE FLORIDA STREET ADDRESS</u>	5871 Gulf of Mexico Drive	
			Longboat Key <u>■</u> ,FL 34228	
th of he lia lir	at af fice reby bilit nite	imited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cay confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	t address of the registered office and the busing ase of a Florida limited liability company, it is	ess
		s Palmer or typed name of signee)	-	
an F	mpk Kan	by accept the appointment as registered agent and a with the provisions of all statutes relative to the provisions of all statutes relative to the provided with and accept the obligations of my position by if this document is being filed to merely reflect a continuation that the limited liability company has been notified.	oper and complete performance of my duties, a as registered agent as provided for in Chapter change in the registered office address, I hereb	and I · 608, ry
(S	ignatı	ire of Registered Agent)		

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