L020000003355

| (Requ | uestor's Name) | |
|---------------------------|----------------|-------------|
| (Addı | ress) | |
| (Addı | ress) | |
| (City/ | State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Na | me) |
| (Doc | ument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



600240655876

2812 GCT 24 KM 9447 SECRETARY OF STATE ALL AHASSEF, ALBRIDA

DEPARTMENT OF STATE

T. CLINE 0CT 2 5 2012

EXAMINER

| ACCOUNT | NO. | : | 120000000195 |
|----------|------|---|--------------|
| LLCCCCIT | 110. | • | T#000000 |

REFERENCE : 385875

7385507

AUTHORIZATION : Spellice man

COST LIMIT : \$ 25.00

ORDER DATE: October 18, 2012

ORDER TIME : 3:53 PM

ORDER NO. : 385875-003

CUSTOMER NO: 7385507

CHANGE OF AGENT

NAME: 6925 DAYTONA BEACH SHORES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 52920

EXAMINER:

% I2 no rol se o.

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: 6925 DAYTO | ONA BEACH SHORES, LLC | | | |
| 2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS) | y: 1750 N Florida Mango Road Suite 103 | | | |
| | West Palm Beach, FL 33409 | 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 | | |
| (b) Mailing address of limited liability company: | 1750 N Florida Mango Road | | | |
| (Note: MAY BE POST OFFICE BOX) | Suite 103 | | | |
| | West Palm Beach, FL 33409 | | | |
| 08/28/2002 | L02000022355 | | | |
| 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: | Mapes, Paul | | **** | |
| Registered Office Address: | 1601 Belvedere Road, Suite 407 West Palm Beach, FL 33406 | CHT-C | par A | |
| | West I am Deadi, I D 33 voo | | 11 | |
| | | \$ 9 | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | W Registered Office address: | | | |
| NEW Registered Agent: | Corporation Service Company | | | |
| NEW Registered Office Address: | 1201 Hays Street | | | |
| (MUST BE FLORIDA STREET ADDRESS) | Tallahassee ,FI | _32301 | | |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. | et address of the registered office a case of a Florida limited liability co by an affirmative vote of the memb | and the business ompany, it is oers of the limite | | |
| (Signature of a member or authorized representative of a member) | | | | |
| | | | | |
| (Printed or typed name of signee) (Printed or typed name of signee) | <u>i</u> ve | | | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified | agree to act in this capacity. I furt oper and complete performance of a as registered agent as provided fo change in the registered office add d in writing of this change. | her agree to fmy duties, and or in Chapter 60 dress, I hereby | I)8, | |
| By: (Signature of Registered Agent) Corporation Service Company | | | | |

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