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COVER LETTER

Division of Corporations		
SUBJECT: Sandpiper Ventures, L.L.C.		
(Name of Limite	d Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
,	J	
Gary B. Leuchtman		
(Name of Person)		
Beggs and Lane		
(Firm/Company)		
501 Commendencia Street		
(Address)		
Pensacola, Florida 32502		
(City/State and Zip Code)		
For further information concerning this matter, ple	ease call:	
Gary B. Leuchtman at (850 ₎ 432-2451	
(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 am	ount:	
	\$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. The name of the limited liability company is: Sandpiper Venture	es, L.L.C.
2. The mailing address of the limited liability company is:	
101-A Business Centre Drive, Destin, Florida 32550	
5/9/2002 L020	000011872
3. Date of filing/registration in Florida 4. D	Occument number
5. The name of the registered agent and the registered office addre Florida Department of State:	ess as shown on the records of the
Herman L. Neese, Jr.	
Name	SE SE
101-A Business Centre Drive	SECRETARY ALLAHASSE
Address	
Destin, Florida 32550 City, State and Zip	
•	Te I
6. The name and address of the new registered agent and/or office	\circ
Gary B. Leuchtman	RIGHT 32
Name 501 Commendencia Street	
Florida street address (P.O. Box NOT	acceptable)
Pensacola Fi 32502	
City, State and Zip	
City, State and Zip	
If the limited liability company is not organized under the laws of confirmed that after the change or changes are made, the Florida's and the business office of the registered agent will be identical. O liability company, it is hereby confirmed that the change(s) was/w of the members of the limited liability company or as otherwise pror the operating agreement of the limited liability company.	treet address of the registered office
Wester Volune	
(Signature of a member or authorized representative of a member)	
WILLIAM H. Koper	
(Printed or typed name of signee)	
I hereby accept the appointment his registered agent and agree to comply with the provisions of all statutes relative to the proper an and I am familiar with and accept the obligations of my position a Chapter 608, F.S. Of, if this discument is being filed to merely refaddress shereby confirm that the limited liability company has be	act in this capacity. I further agree to d complete performance of my duties, is registered agent as provided for in lect a change in the registered office wen notified in writing of this change.
(Signature of Registered Agent)	