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(Re	equestor's Name)	
Jupiter	CAS Cabins P.O. Box 7826 Florida 33468-782 Segmountainstew con	
(Cit	ty/State/Zip/Phone	#)
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SECTIONARY LA STATE
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ALLAHASSEE

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.

agent, or boin, in the sia	e of Pioriaa.						
1. The name of the limit	ed liability company is:	C&S Ca	bins, LLC				<u></u> .
2. The mailing address o	f the limited liability co	mpany is :	P.O. Box 7826	Jupiter,	Florida	334	<u>68</u>
	<u> </u>						
April 2, 2003			L0300001189	9			_ ==
3. Date of filing/registrat	ion in Florida	· · · · · · · · · · · · · · · · · · ·	4. Document nu	mber			
5. The name of the regist Florida Department of	ered agent and the regis State:	tered office	address as shown	on the rec	ords of	the	
•	Beau C. Cisco	3					
*	2111 N. Flag	Name gler Drive	#26	pund			
	West Palm E	Address Beach, Flo State and 2		SELING ALLLAN	03 JUL		
6. The name and address	of the new registered ag	gent and/or	office:	ASSE	7- اللا		-
	. Beau C. Cisco	o	<u></u>		PH	1	
	6288 Launch	Name Club Circl	е	LORIDA	PM 1:07	U	
	Florida street address	(P.O. Box	NOT acceptable)	D'r			
	Jupiter, FL 33458	FL					
•	City, S	tate and Zi	p				
If the limited liability corconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of	hange or changes are market the registered agent wi	ade, the Flo	orida street address	of the reg	ristered	office	
(Signature of a member or author	ized representative of a membe	er)	•	***			- ' '
Shannon M. Sloan, Ma	anaging Member						
(Printed or typed name of signee)	·	•	•			
I hereby accept the appo comply with the provision and I amfamiliar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered as is of all statules relative d accept the obligation this document is being f that the limited liabilit	gent and age to the pro s of my pos iled to mer y company	ree to act in this co per and complete p ition as registered ely reflect a chang has been notified i	apacity. I verformand agent as t e in the re in writing	further ce of m provide gistere of this	agree y dutie d for i d offic change	! to !\$, n e e.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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(Signature of Registered Agent)