L03000012102

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2005 SEP 30 PH 3: 07

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COVER LETTER

Division of Corporations	
SUBJECT: Seapines Home Develop (Name of Lin	oment, LLC mited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to the following:
Kristie Busby (Name of Person)	
Matthews & Hawkins, P.A. (Firm/Company)	FILED 2005 SEP 30 PH 3: 07
4475 Legendary Drive	30 PH
Destin, Florida 32541 (City/State and Zip Code)	FILED FILED ALLAHASSEE, FLORIDA
For further information concerning this matter	, please call:
	at (850) 837-3662
(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. The name of the limited liability company is:	Seapines Home Development, LLC	
2. The mailing address of the limited liability co	ompany is : Post Office Box 165	
Southaven, Mississippi 38671		
April 3, 2003	L03000012102	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the regis Florida Department of State:	stered office address as shown on the records of the	
Hal S. Mullins		
	Name	
Post Office Box 9	<u> </u>	
	Address	
Miramar Beach, Florida 32550		
City,	State and Zip	
6. The name and address of the new registered as	gent and/or office:	
Dana C. Matthawa	Address lorida 32550 State and Zip gent and/or office: Matthews & Hawkins, P.A. Name rive	
	Matthews & Hawkins, P.A.	
4475 Legendary D	Name rive	
	s (P.O. Box NOT acceptable)	
Destin, Florida 3254	1 <u>FL</u>	
City, S	tate and Zip	
If the limited liability company is not organized	under the laws of the State of Florida, it is hereby	

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.

(Signature of a member or authorized representative of a member)
Hal S. Mullins, Manager
(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 auties, 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, Thereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)