(030000 21405

| (Requestor's Name) |
|-----------------------------------------|
| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| Special instructions to Filing Officer. |
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Office Use Only



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HAY 15 20th LARRIS

COVER LETTER

| TO: Registration Section Division of Corporations | |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| SUBJECT: PETER | e UC |
| | of Limited 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 r | matter to the following: |
| HEIDI PANDIS | |
| Name of Person | |
| OWNER Firm/Company | |
| | nR. |
| 3610 E. MARITANA Address | |
| ST. Pere BEACH, FL City/State and Zip Code | 3376 |
| City/State and Zip Code | |
| HEIDI. PANDIS WA E-mail address: (to be used for future annua | |
| For further information concerning this matter, pl | • |
| | at (727) 224 0368 Area Code & Davtime Telephone Number |
| 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 ar | mount: |
| \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy |
| INHS18 (2/14) | |

• STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na | ume of the limited liability company: |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. (a) | 3610 E. MARITANA DR (b) 3610 E. MARITANA DR |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | ST. PSTE BEACH FL ST. PETT BEACH FL |
| | 33706 |
| | |
| | 6/12/03 L03000021405 |
| 3. | Date of filing/registration in Florida 4. Document number |
| 5. (a) | CT CORPORATION SYSTEM |
| () | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: |
| | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) |
| | 1200 SOUTH PINE ISLAND RD 1877 |
| | PLANTHIUN ,FL 33324 467-3525 |
| | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered Office address: |
| | The state of the s |
| | TICIUI TANUIS |
| | NEW Registered Office Address: |
| | 3610 E. MARITANA DR. |
| | ST. Per BEACH EL 33706 |
| | ST FL J2700 |
| | imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after unge or changes are made, the Florida street address of the registered office and the business office of the registered |
| agent v | will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) |
| | ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company. |
| 110 | TIMI TRUNCIS HEIDI HANDIS |
| Signa | ture of a member or authorized representative of a member Printed or typed name of signee |
| I here provisi | by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept |
| the obl | ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been |

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

Signature of Registered Agent