L03000026058

| (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: | | | |
| | | | |
| | | | |
| | | | |

Office Use Only



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O SIMMONS JUN 0 2 2021



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 13, 2021

MARINERS LANDING PO BOX 131 CARRABELLE, FL 32322

SUBJECT: MARINERS LANDING HOMEOWNERS ASSOCIATION PHASE II,

LLC

Ref. Number: L03000026058

We have received your document for MARINERS LANDING HOMEOWNERS ASSOCIATION PHASE II, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide the current Registered Agent's information in Section 5(B).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder Supervisor

RECEIVED

Letter Number: 321A00010103

RECTIVED

COVER LETTER Mariners Landing

Registration Section Division of Corporations

TO:

Phase II P. O. Box 131 Carrabelle, FL 32322

| SUBJECT: | | |
|--|---|--|
| Name of Limited Liability Company | | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office C | Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this ma | atter to the following: | |
| | | |
| Name of Person | | |
| | • | |
| Mariners Landing | | |
| P. O. Box 1341y | | |
| Carrabelle, FL 32 <mark>32</mark> ing | | |
| P. O. p. 131 | | |
| P. O. L. 131 Carrabelle, FL 32322 | | |
| | | |
| City/State and Zip Code | | |
| | | |
| E-mail address: (to be used for future annual r | report notification) | |
| For further information concerning this matter, plea | ise call: | |
| | | |
| | .t () | |
| Name of Person | Area Code & Daytime Telephone Number | |
| Mailing Address: | Street Address: | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | |
| P.O. Box 6327 | The Centre of Tallahassee | |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | |
| / | rananassee, t L 52505 | |
| Enclosed is a check for the following amo | ount: | |
| U \$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 605.0114 or 60. Main to sell and in the undersigned limited liability company submits the following statement in order to change its registered page of Florida.

| | . P. O. B ox 1 ; | 31 _. |
|----------------------------|--|--|
| 1. Nan | ne of the limited liability company: Carrabelle, FL 3 | 32322 |
| 2. (a) _ | 101 South MARIVE DY. (b) | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) CANABE FA | Mail Madiners in the Tablet Company: (Note: MAT 1998 TOFFICE BOX) P. O. Box 131 |
| - | | FL 32322 |
| | 3272 | |
| - | 5/11/21 | |
| 3. | Date of filing/registration in Florida 4. | Document number |
| 5. (a) _ | Round Mowney | |
| R | egistered Agent and Registered Office shown on the records of the Florida Dept. of | State: |
| | 515 N ALAMS St | |
| - P | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | · |
| | EMEST BET EURIDA'S TREET ADDRESS) | 202 |
| _ | | 22 |
| _ | TAllahassee FL 323 | |
| (b) | Neil Nichols | 7 . 7 PH |
| Er | nter name of NEW Registered Agent and/or NEW Registered Office address: | |
| | 22 7th st. | 07 |
| <u>N</u> | EW Registered Office Address: | |
| | APPALAChicola F/s. | |
| | 322 | 7 0 |
| _ | , FL, | <u> </u> |
| agent will was/were | ted liability company is not organized under the laws of the State of changes are made, the Florida street address of the registered office be identical. Or, in the case of a Florida limited liability company, authorized by an affirmative vote of the members of the limited liability of organization or the operating agreement of the limited liability of the liability of the liability of the liability of the liability o | and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. |
| Signatura | 1710 per | Printed or typed name of signee |
| | | |
| the obligat to merely r | scept the appointment as registered agent and agree to act in this co of all statutes relative to the proper and complete performance of m tions of my position as registered agent as provided for in Chapter 6 reflect a change in the registered office address. I hereby confirm the writing of this change. | spacity. I further agree to comply with the v duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed ut the limited liability company has been |

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

Signature of Registered Agent