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## 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.	Nar	me of the limited liability company: SHELL POINT SANCTU	ARY LLC			
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	569 EDGEWOOD AVENUE SOUTH	7.1.4 0.35	ದ	
	()		JACKSONVILLE, FL 32205	iii rr	රිට්	
				***	******	
	(b)	Mailing address of limited liability company:	569 EDGEWOOD AVENUE SOUTH		~	[1]
	` ′	(Note: MAY BE POST OFFICE BOX)	JACKSONVILLE, FL 32205	773	2	U
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7/3	0/2003	3	L 103000027953		د هي:	
3.	Dat	te of filing/registration in Florida	4. Document number			
5.	(a)	Registered Agent and Registered Office shown on t	he records of the Florida I	Dept. of	State	•
		Registered Office Address:	3042 CRAWFORDVILLE HWY			
			CRAWFORDVILLE, FL 32327			
	, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	WILLIAM A. MACARTHUR			·
		NEW Registered Office Address:	569 EDGEWOOD AVENUE SOUTH			
		(MUST BE FLORIDA STREET ADDRESS)	JACKSONVILLE, FL 32205			· <del>-</del>
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co an lia the the Sig	enfirmed the cope open during the copen	limited liability company is not organized under the lamed that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company.  The of a member or authorized representative of a member or typed name of signee	orida street address of the cal. Or, in the case of a F was/were authorized by a se provided in the articles	register lorida li n affirm of organ	red of imited native nization	l vote of on or
1. co ar (C) ac	here mpl ud I d hapt ldres	by accept the appointment as registered agent and a y with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my po- er 608, F.S. Or, if this document is being filed to me ss 11 hereby sonfirm that the limited liability company	gree to act in this capacity oper and complete perforn sition as registered agent rely reflect a change in th has been notified in writ	v. I furt. nance of as provi e registe ing of th	her and find a dided for the control of the control	gree to luties, or in ffice ange.

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

Signature of Registered Agent