103000051247

(Re	equestor's Name)):
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		(24)
		C 0110



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

DEC 20 AM II: 12

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 509 West Bay 5-	Freet LLC I Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office (Change and fee(s) are submitted for filin	ìg.
Please return all correspondence concerning this m	atter to the following:	
J. Stephen Gardner (Name of Person)	·	
Gardner Law Group, 7 (Firm/Company)	P.A.	7.0
1015. Franklin Street, S.	uite101	FILED 06 DEC 20 AM : SECRETARY OF STA TALLAHASSEE. FLORE
Tampa FL 33602 (City/State and Zip Code)		AM II: 12 OF STATE E. FLORIDA
For further information concerning this matter, ple	ase call:	
Tames C. Smith at (Name of Person)	910 <u>509-0084</u> (Area Code & Daytime Telephon	ne 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 amo	ount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED L'ABILITY COMPANY

Pursuant to the provisions of sections 608.416 608.508, 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: 569 WET!	BAY STREET, LLC.
	IANNEL AVENUE, UNIT B
WRIGHTSVILLE BEACH, NC 2848	<i>o</i>
	3000051247
3. Date of filing/registration in Florida 4. Docum	ment number
5. The name of the registered agent and the registered office address as Florida Department of State: Corporation Service Con Name 1201 Hays Street Address Tallahassee, FL 32301 City, State and Zip	npany
6. The name and address of the new registered agent and/or office:	
J. Stephen Gardner Name Name No. Street, Su Florida street address (P.O. Box NOT acce TAMPA FL 3366 City, State and Zip	6 DEC 20 SECRETAR ALLAHASSI
If the limited liability company is not organized under the laws of the sconfirmed that after the change or changes are made, the Florida street and the business office of the registered agent will be identical. Or, in liability company, it is hereby confirmed that the change(s) was/were as of the members of the limited liability company or as otherwise provide or the operating agreement of the limited liability company. (Slanguage of a member or authorized representative of a member)	k a d d a a a a d'Alba a a a i striant la striant
James C. Smith	
(Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act comply with the provisions of all statutes relative to the proper and co and I am familiar with and accept the obligations of my position as rechapter 608, P.S. Or, if this document is being filed to merely reflect address, thereby confirm that the limited liability company has been to the company of Reference Agent.	in this capacity. I further agree to implete performance of my duties, gistered agent as provided for in a change in the registered office notified in writing of this change.

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

INHS18 (8/05)