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Office Use Only



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S. WARREN AUG 1 7 2017

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJ	Fulford Harbour, LLC							
5014)	Name of Limited Liability Company							
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to the	following:					
Jame	es S. Campbell							
	Name of Person		-					
Byrd	Campbell, P.A.							
	Firm/Company							
180	Park Avenue North, Suite 2A							
	Address		-					
Wint	er Park, FL 32789							
	City/State and Zip Code							
jcam	pbell@byrdcampbell.com							
	E-mail address: (to be used for future and	nual report notif	ication)					
For fu	rther information concerning this matter	. please call:						
Jame	es S. Campbell	at (308-7440					
	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	Re Di P.G	alling address: gistration Section vision of Corporations D. Box 6327 llahassee, Florida 32314					
	Enclosed is a check for the following	g 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 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.

۱.	Na	me of the limited liability company: Fulford Harbo	our, LL	<u>C</u>					
2.		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 113 Baybridge Drive		b)	Ν	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) bridge Drive			
		Gulf Breeze, FL 32561	_		Gulf Breeze, FL 32561				
		01/23/2004		L0400006205					
3.		Date of filing/registration in Florida	4.			Document numbe	r		
5.	(a)	James S. Campbell							
J. (a	(41)	Registered Agent and Registered Office shown on the records of	the Florid	ia I	Dept. of State	- e:			
		Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>	_	-			
		501 Commendencia Street							
		Pensacola FL	32502	2		FIL 17 AUG 15			
	(b)	James S. Campbell					. t : -	6 =	
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddı	<u>'ess</u> :	-		_EO	
		Byrd Campbell, P.A.							
		NEW Registered Office Address:					20 RIDA		
		180 Park Avenue North, Suite 2A				-			
		Winter Park FL	32789	9		-			
the age wa	cha ent v s/we	imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the reg ability of of the li	ist con mit	ered office npany, it is ed liability	e and the business s hereby confirmed y company or as o	office d that t	of the registered he change(s)	
<u>-</u> ₹	igns	St a member or authorized representative of a member	<u>Jai</u>	me	s <u>S. Camp</u> l	bell, as authorized Printed or typed nam			
pro the to i	ovisi obl mer	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. I I in writing of this change.	ree to a perfori ed for in hereby	et i nai Cl cor	n this cape nce of my d hapter 605 ifirm that i	acity. I further ag duties, and I am fa 5, F.S. Or, if this a the limited liabilit	ree to o miliar locume v comp	comply with the with and accept ent is being filed oany has been	
Sig	enpeti	re of Registered Agent							