L0400036542

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S. HAWKES

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EXAMINER

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:	KR LETTER
TO: Registration Section Division of Corporations	
SUBJECT: Black Creek Harbor, LLC	
(Name of Lim	ited 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 m	atter to the following:
G. Alan Howard (Name of Person)	
Milam Howard Nicandri Dees & Gillam, P.A. (Firm/Company)	
14 East Bay Street (Address)	
Jacksonville, FL 32202 (City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
G. Alan Howard at (at (_	904) 357-3660
(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 amo	ount:
☑ \$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 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.

in the blate of Profita.	
1. Name of the limited liability company: B	lack Creek Harbor, LLC
2. (a) Principal office address of limited liab (Note: MUST BE STREET ADDRE	bility company: 1540 Baytowne Ave North SSS) Miramar Beach, FL 32550
(b) Mailing address of limited liability co	
May 13, 2004	L04000036542
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Offi	ice shown on the records of the Florida Dept. of State:
Registered Agent:	Milam Howard Nicandri Dees & Gillam, P.A.
Registered Office Address:	1540 Baytowne Ave North Miramar Beach, FL 32550
(b) Enter name of NEW Registered Age	nt and/or NEW Registered Office address:
NEW Registered Agent:	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	DRESS)
	Jacksonville ,FL 32202
that after the change or changes are made, the office of the registered agent will be identical hereby confirmed that the change(s) was/wer liability company or as otherwise provided in limited liability company. (Signature of a member or authorized representative of a me	red under the laws of the State of Florida, it is hereby confirmed be Florida street address of the registered office and the business l. Or, in the case of a Florida limited liability company, it is a authorized by an affirmative vote of the members of the limited the articles of organization or the operating agreement of the limited of the limited articles of organization or the operating agreement of the limited organization or the operating organization or the op
(Printed or typed name of signee)	<u></u>
I hereby accept the appointment as registere comply with the provisions of all statutes reta am familiar with and accept the obligations of F.S. Or, if this document is being filed to me confirm that the limited liability company has	d agent and agree to act in this capacity. I further agree to allow to the proper and complete performance of my duties, and I style to the proper and complete performance of my duties, and I style to the performance of th
(Signature of Registered Agent)	

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