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SECKETARY OF STATE
ALLAHASSEE, FLORIDA

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COVER LETTER

Division of Corporations		
SUBJECT: Harbour Inlet, LLC (Name of Lim	nited Liability Company)	
·	• • •	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	-	
Heather S. Nason, Esquire		
(Name of Person)		
Brennan, Manna & Diamond, P.L.	2001 SEC TALL	
(Firm/Company)	2001 NAY -2 SECRETARY LLAHASSE	
	SSR	
76 South Laura Street, Suite 2110		
(Address)	F ST	
	TARY OF STATE HASSEE, FLORIDA	
Jacksonville, Florida 32202		
(City/State and Zip Code)	,	
For further information concerning this matter,	please call:	
Heather S. Nason, Esquire at	1 (904) 366-7304	
(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 a	imount:	
✓ \$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.

1. The name of the limited liability company is: H	arbour Inlet, LLC	
2. The mailing address of the limited liability comp	oany is : 1012 OCEANVIEW COURT FERNANDINA BEACH FL 32	
09/29/2004	L04000072446	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registere Florida Department of State:	ed office address as shown on the records of the	
Ansbacher & McKe	el, P.A.	
N	ame	
1301 Riverplace Blvd	d., Ste. 2450	
Ad	dress	
Jacksonville, Florida	32207-9037	
City, Sta	ate and Zip	
6. The name and address of the new registered agen	ate and Zip At and/or office: Diamond, P.L. SECRETARY AND SECR	
Brennan, Manna & I	Diamond, P.L.	
Nar 76 South Laura Stree	me TO TO	
Florida street address (P	P.O. Box NOT acceptable)	
Jacksonville F	L 32202	
City, State	e and Zip	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Coastal Wave Properties, by Brian J. Sullivan, its Manager

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)