L.04000076532

(Po	augstor's Nama)			
(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(But	siness Entity Nan	ne)		
(Doc	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
		1		
		}		
·				

Office Use Only



500059985595

N9/30/05--01033--020 **25.00

2005 SEP 30 PM 3: 05

J. BRYAM OCT 4 2005

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Latitude Properties, LL (Name of	LC f Limited 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	ng this matter to the following:	
Kristie Busby		
(Name of Person)		
Matthews & Hawkins, P.A. (Firm/Company)	2005 S	
4475 Legendary Drive	LAHASS	FILL
(Address)	The same of the sa	2 (
Destin, Florida 32541 (City/State and Zip Code)	2005 SEP 30 PH CICALIGNAL OF ALLAHASSEE, FLORIDA	યુ 06
For further information concerning this ma	atter, please call:	
Kristie Busby	at (850) 837-3662	
(Name of Person)	(Area Code & Daytime Telephone Num	iber)
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 follow	ving 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 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:	Latitude Properties, LLC	
2. The mailing address of t	he limited liability cor	npany is : Post Office Box	1890
Santa Rosa Beach, Florid	da 32459		
October 21, 2004		L0400007653	2
3. Date of filing/registration in Florida		4. Document number	
5. The name of the registere Florida Department of St		ered office address as show	n on the records of the
<u></u>	Richard S. McNe		_
	36468 Emerald Co A Destin, Florida 325	Name ast Parkway, Ste. 1201 Address 41 State and Zip	
6. The name and address of	the new registered ag	ent and/or office:	30 HAS
<u>-</u> <u>4</u>	N 475 Legendary Dr	Matthews & Hawkins, P. ame ve (P.O. Box NOT acceptable	3: 06 FLORI
<u></u>	estin, Florida 32541	FL	
	City, Sta	ate and Zip	
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here of the members of the limit or the operating agreement (Signature of a member of authorize	nge or changes are made registered agent will by confirmed that the dead liability company of the limited liability	de, the Florida street addrest be identical. Or, in the case change(s) was/were authories as otherwise provided in company.	ss of the registered office se of a Florida limited zed by an affirmative vote
Hal S. Mullins, Manager	·		
(Printed or typed name of signee)			
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if thi address, Thereby confirm th	ment as registered ag of all statules relative accept the obligations s document is being fi at the limited liability	ent and agree to act in this to the proper and complete of my position as registered ed to merely reflect a chan company has been notified	capacity. I further agree to performance of my duties, I agent as provided for in ge in the registered office in writing of this change.
(Signature of Registered Agent)			

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