

Ø1001/002

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## REGISTERED AGENT CHANGE

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

<ol> <li>The name of the limite</li> <li>The mailing address of</li> </ol>	the limited liability co	mpany is: 92	5 Bambi Dr	ve, Destin, FL 32541	
12/29/04		1	L05000000412		
3. Date of filing/registrati	on in Florida	4.	Document	number	
5. The name of the registe	red agent and the regis	tered office add	iress as show	n on the records of the	
Florida Department of S	State: Robert D. Hart, Jr.				
	125 W. Romana St	Name reet, Suite 80	0	FILED M 8: 30 SECULATIONS SECULORISA TALLAHAS SEE, FLORISA	
	Pensacola, FL 325			821 821	
	City,	State and Zip	T	一	
6. The name and address of	of the new registered ag	gent and/or offi	¢8,	.7. 70	
	Howard Ray Should	S		021 30	
	925 Bambi Drive	Varne		DE S	
·	Florida street address	(P.O. Box NC	T acceptable	•	
	Destin	FT_ 32541		•	
	City, S	FL 32541 tate and Zip	á	<del></del>	
If the limited liability comeonfirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the operating agreement of surface (Signature of a member of authority).	pany is not organized using or changes are make registered agent will eby confirmed that the limitability company or a the limitability confirmed liability liability confirmed liability liability confirmed liability liability confirmed liability	inder the laws ade, the Florida ade, the Florida libe identical. Change(s) was as otherwise prompany.	of the State of a street addre Or, in the ca /were authori	ss of the registered office se of a Florida limited zed by an affirmative vote of	
Howard Ray Shoults, N	lember				
(Printed or typed name of signec)			٠		
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 508, F.S. Or, if the address, I hereby continu	ntment as registered ac s of all statutes relative descriptions and accept the fis document is being s that the limited liability	rent and agree to the proper t of my position lied to merely t a Compatty has	to act in this and complete as registere reflect a chan been notified	capacity. I further agree to performance of my auties, a agent as provided for in ge in the registered office I in writing of this change,	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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