## L050000 11934

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## COVER LETTER -

TO: Registration Section Division of Corporations	· •	
SUBJECT: SHJ, LLC. (Name of Limited 1)	Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this man	tter to the following:	
Daniel W. Hartman (Nama of Parson)	<del></del>	
Ard, Shirley & Hartman, P.A. (Firm/Company)		
207 West Park Avenue, Suite B		DIVIS SEVID
(Address)  Tallahassee, FL 32301	#06 - I	CRETARY CON
(City/State and Zip Code)  For further information concerning this matter, plea	se call:	PORATIONS
Daniel W. Hartman at (8	50 577-6500 (Area Code & Daytime Telephone Nu	mber)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Cirole 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		
☑ \$25 Filing Fee	S55 Filing Fee & Certified Copy	

INHS18 (8/05)

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

Pursuant to the provisions of sections 608.416 or 6 liability company submits the following statement in agent, or both, in the State of Florida.	08.508, Florida Statutes, the undersigned limite order to change its registered office or registere
1. The name of the limited liability company is: SHJ	I, LLC.
2. The mailing address of the limited liability compan	y is : 383 White Heron Drive
Santa Rosa Beach, FL 32459	
02/04/2005	L05000011934
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered Florida Department of State:  Curtin, Jeanne B. ESQ. c/o / Nam  207 West Park Aven  Addre  Tallahassee, FL 323  City, State	Ard, Shirley & Hartman, P.A.  ne nue, Suite B  ess  101
6. The name and address of the new registered agent a	nd/or office:
Daniel W. Hartman	
Name 207 West Park Aven Florida street address (P.O	oue, Suite B  D. Box NOT acceptable)  STATE  STATE
Tallahassee FL	32301
City, State a	•
If the limited liability company is not organized under	the laws of the State of Florida, it is hereby

onfirmed hability 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 of authorized representative of a member)

Tamie D Crum

(Printed or typed name of algnee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to compty 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 confignithat the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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

INH\$18 (8/05)