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COVER LETTER

Division of Corporations				
SUBJECT: SPYGLASS DEVELOPM	IENT, LLC			
	of Limited Liability Company)			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning	ng this matter to the following:			
Wallace H. Wiggins, Jr.				
(Name of Person)				
(Firm/Company)				
	071 SEC TALL			
22018 Sunnyside Lane (Address)				
(Address)	SSE A			
Panama City Beach, Florida, 32413				
(City/State and Zip Code)	DEC -3 PM 4: 31, CRETARY OF STATE AHASSEE, FLORIDA			
For further information concerning this ma	atter, please call:			
Wallace H. Wiggins, Jr.	at (850) 249-8507			
(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 follow	ing 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 limite	ed liability company is: SPYGLASS	DEVELOPMENT, LLC				
2. The mailing address of	f the limited liability company is:	22018 Sunnyside Lane	ı			
Panama City Beach, Florid	a, 32413		· · · · · · · · · · · · · · · · · · ·			
03/16/2005		L05000026117				
3. Date of filing/registration in Florida 4. Document number						
5. The name of the register Florida Department of	ered agent and the registered office State:	address as shown on	the recor	rds of	the	
*	Al A. Buniak					
	Name	1 1				
	19211 PCB Parkway, 301					
	Address					
	Panama City Beach, FL 32413 City, State and Z	in	ΣA	0		
		-	LEC EC	70	(Mary party)	
6. The name and address of	of the new registered agent and/or	office:	₽R		l l	
	Bruce Coursey		ASSI ASSI	ပ်		
Name			m _Q	PH		
22014 Sunnyside Lane,			ΞS		Decrees.	
	Florida street address (P.O. Box	NOT acceptable)	용점	નું ક		
	Panama City Beach, FL 324	13	DA.	t		
City, State and Zip						
confirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreemen wallow (Signature of a member or authority (Printed or typed name of signee)	N. Wiggirs Ir	orida street address of cal. Or, in the case of was/were authorized b wise provided in the ar	the regis a Florida by an affi rticles of	tered a limi irmati organ	office ted ve vote nization	
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.						

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

(Signature of Registered Agent)