L05000054153

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

A. LUNT

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EXAMINER

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ZOLI AUG -1 PH OR 22 SECRETARY OF STATE ALLAHASSEE, FINGER

COVER LETTER

то:	Registration Section Division of Corporations					
SUBJ	ECT: Forgotten Coast F		ty Manage i d Liability Co		tals, LLC	
Dear !	Sir or Madam:					
The e	nclosed Registered Agent/Registered	Office	Change and fe	e(s) are submit	ted for filing.	
Pleaso	e return all correspondence concernin	ıg this m	atter to the fo	llowing:		
	Teresa Carlton Name of Person		· 		SECRE	2011 AUG - 1
F	Forgotten Coast Property Manage Firm/Company	ment, l	.LC		TARY OF ST ASSEE, FLO	3-1 PM 50 22
	Post Office Box 13257 Address				ATE	R
	Mexico Beach, FL 32456 City/State and Zip Code	6				
E-	keith@keithjonescpa.cor	n I notificatio	on)			
For fu	rther information concerning this ma	tter, plea	ase call:			
	Keith L. Jones	at (_	850)	229-1		
	Name of Person		Area Co	le & Daytime Telep	hone Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registratio Division of P.O. Box 6	Corporations		
	Enclosed is a check for the follow	ing amo	unt:			
	✓ \$25 Filing Fee		\$55 Filin	g Fee & Certifi	ed 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. Name of the limited liability company: Forgotten C	Coast Property Management & Renta			
2. (a) Principal office address of limited liability compan	y: 710 Highway 98			
(Note: MUST BE STREET ADDRESS)	Mexico Beach, FL 32456			
(b) Mailing address of limited liability company:	Post Office Box 13257			
(Note: MAY BE POST OFFICE BOX)	Mexico Beach, FL 32456			
06/01/2005	L05000054153			
3. Date of filing/registration in Florida	4. Document number			
(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State				
Registered Agent:	WHITFIELD, TONY L			
Registered Office Address:	900-C HWY 98 MEXICO BEACH FL 32456			
	WAY T			
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address 2			
NEW Registered Agent:	Teresa Carlton			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	710 Highway 98			
The state of the s	Mexico Beach ,FL32456			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote rwise provided in the articles of organization			
Teresa Carlton Printed or typed name of signee				
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pround I am familiar with and accept the obligations of my pockapter 608, F.S. Of if this document is being filed to me address, I hereby confirm thut he limited liability companishment of Registered Agent	agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in early reflect a change in the registered office y has been notified in writing of this change.			

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