105000059631

| (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: | | | | | | | | |
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Office Use Only



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K. SALY EXAMINER 100V-9 2015

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | | |
|---|--|-------------------|---|--|--|--|--|--|
| SUBJE | | | | | | | | |
| Name of Limited Liability Company | | | | | | | | |
| Dear Si | r or Madam: | | | | | | | |
| The enc | closed Registered Agent/Registered Off | ice Change and | fee(s) are submitted for filing. | | | | | |
| Please r | return all correspondence concerning th | is matter to the | following: | | | | | |
| Charle | es Harmon | | | | | | | |
| | Name of Person | | | | | | | |
| 7 Mile | Properties, LLC | | | | | | | |
| •••• | Firm/Company | | _ | | | | | |
| 1016 | Thomas Dr #110 | | | | | | | |
| | Address | | | | | | | |
| Panan | na City Beach, FL 32408 | | | | | | | |
| | City/State and Zip Code | · | | | | | | |
| Chuck | c@7MileProperties.com | | | | | | | |
| E- | mail address: (to be used for future ann | ual report notifi | cation) | | | | | |
| For furt | her information concerning this matter, | please call: | | | | | | |
| Charle | es Harmon | 678 | 231-1101 | | | | | |
| | 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 | Rep Div P.C | AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314 | | | | | |
| Enclosed is a check for the following amount: | | | | | | | | |
| | ☑ \$25 Filing Fee | □ \$5 | 5 Filing Fee & Certified Copy | | | | | |
| INHS18 | (2/14) | | | | | | | |

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. | Na | me of the limited liability company: 7 Mile Propert | ies, L | LC | .,, | | | |
|------------------------------|--|--|--|-------------------------------|---|--|--|--|
| 2. | (a) | Charles Harmon | (| (b) | Charles | Harmon | | |
| | () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ ` | (-)- | M | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | | 1016 Thomas Dr #110 | | - | 1016 The | omas Dr #110 | | |
| | | Panama City Beach, FL 32408 | _ | 1 | anama | City Beach, FL 32408 | | |
| | | 6/15/2005 | | L | 0500005 | 9631 | | |
| 3. | | Date of filing/registration in Florida | 4. | _ | | Document number | | |
| 5 | (a) | Harmon, Charles | | | | | | |
| J. | (4) | Registered Agent and Registered Office shown on the records of the 3941 Tamiami Trail | ne Flori | da D | ept. of State: | : | | |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | | |
| | | Suite 3157, PMB 118 | | | | € OLD | | |
| | | | 33950 | 0 | | - OLD ADDRESS | | |
| | (b) | (b) Harmon, Charles Enter name of NEW Registered Agent and/or NEW Registered O | | | | PAR T | | |
| | ` ' | | | | fice address: | | | |
| | | 1016 Thomas Dr 3110 | | | | NEW SERVICES ADDRESS: 23 | | |
| | | NEW Registered Office Address: | | | | WEW TO | | |
| | | | | | | WEW PS | | |
| | | Panama City Beach , FL | 3240 | В | | ~ | | |
| the | e cha | imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of organization or the operating agreement of the | the reg bility of the li imited | giste com mite i lia | red office pany, it is ed liability bility com | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. | | |
| | Signal | ture of a member or authorized representative of a member | <u>CI</u> | nar | les Harm | Printed or typed name of signee | | |
| II pre the to no | herel ovisi obli mere tified | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have the proper and the registered office address. I have the registered of | perfori I for in | man Ch | ce of my a apter 605, | acity. I further agree to comply with the huties, and I am familiar with and accept F.S. Or, if this document is being filed | | |
| | | Division of Corporations P.O. R | ov 631 | 774 | Tallahasi | 500 FI 37314 | | |