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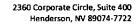
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Phone 702.866.2500 Toll-Free 800.2.INCORP (1-800-246-2677) Fax 702.866.2689

www.incorp.com

September 4, 2014

VIA USPS REGULAR MAIL

Barry Mark Felker
East Shore Land Development LLC
805 44th Ave. N
St. Petersburg, FL 33703

Re: Account#163421

East Shore Land Development LLC (326564)[MI]

Dear Mr. Felker,

Please find enclosed the letter our office received from the Florida Division of Corporations returning the Statement of Change of Registered Office/Registered Agent submitted for East Shore Land Development LLC. As I advised in my email to you dated July 24, 2014, the Change was returned unfiled because an outdated form was provided and also did not contain our signature accepting appointment as registered agent.

In my email I forwarded the updated Statement of Change of Registered Office/Registered Agent form requesting that you sign and return to my attention so I could resubmit this document on your behalf. To date, I have not received the signed form. Therefore, I have enclosed the updated Statement of Change with my signature on behalf of Incorp Services, Inc. Please sign the document and return to directly to the Florida Division of Corporation with a new \$25.00 filing fee.

If you have any questions regarding this matter, please do not hesitate to contact our office at 800-246-2677, Monday through Friday, 6:00 a.m. to 6:00 p.m.

Very truly yours,

INCORP SERVICES, INC

Document Processor

Encl.

COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: East Shore Land Developement LLC |
| Name of Limited Liability Company |
| Dear Sir or Madam: |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| BARRY FECKER Name of Person |
| BASTSHONE LAW Development LLC Firm/Company |
| 440 E9STSHORE DY. Address |
| CCGAR WATER, In 33767 EST |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| BANNY Jelker at 813 417-1218 Name of Person Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

Tallahassee, Florida 32301

\$25 Filing Fee

Enclosed is a check for the following amount:

TO:

Registration Section

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: East Shore Land | d Dev | elope | ement LLC | ; |
|-------------------------|------------------------------|--|-------------------------------|-------------------------|--|---|
| 2. | (a) | 440 EASTSHORE BLVD | (b) 440 EASTSHORE BLVD | | | |
| | () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | - ` | ~ <i>)</i> | Maili | ng address of limited liability company: ote: MAY BE POST OFFICE BOX) |
| | | CLEARWATER, FL 33767 | - | CL | EARWAT | ER, FL 33767 |
| | | 06/28/2005 | | L05 | 00006376 | 7 |
| 3. | | Date of filing/registration in Florida | 4. | | Do | cument number |
| 5. | (a) | FISHER AND SAULS PA | | | | |
| | | Registered Agent and Registered Office shown on the records of the | e Florid | la Depi | i. of State: | |
| | | US19 | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET AL | ODRES. | <u>S)</u> | | |
| | | | | | | - |
| | | ST PETE .FL | 3 | 33567 | 7 | |
| | | ,, 15 | | | | 14 SEP |
| | (b) | InCorp Services, Inc. | | | | - Cy |
| | | Enter name of NEW Registered Agent and/or NEW Registered O | office ac | <u>idress</u> | | |
| | | 47000 074 0 4 44 4 | | | • | mts |
| | | 17888 67th Court North | | | | 5. OS |
| | | NEW Registered Office Address: | | | | F . 8 |
| | | | | | | |
| | | Levelatabas | , | 2470 | , | |
| | | Loxahatchee , FL_ | | 33470 | | |
| the age wa the | cha ent w s/we arti | mited liability company is not organized under the laws nge or changes are made, the Florida street address of the relational. Or, in the case of a Florida limited liab reguthorized by an affirmative rote of the members of the organization or the operating agreement of the li | he reginerate the linus mited | istere ompa nited | d office and ny, it is her hiability co ity compan | I the business office of the registered reby confirmed that the change(s) mpany or as otherwise provided in y. |
| | - | ure of a member of authorized representative of a member | | | | nted or typed name of signee |
| pro the to | ovisie obli mere | y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change on behalf of Incorp Se | erforn for in ereby c | nance Chap confir | of my dution ter 605, F.S m that the l | o. I further agree to comply with the es, and I am familiar with and accept S. Or, if this document is being filed imited liability company has been |
| S | znatur | e of Registered Agent | C1 41CC | ى, IIII | J . | |