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SECRETARY OF STATE
AND A SECRETARY OF STATE

J. BRYAN

SEP - 3 2009

EXAMINER

COVER LETTER

Division of Corporations				
	N SHORE MC			<u> </u>
Dear Sir or Madam:				
The enclosed Registered Agent/Reg	zistered Office Ch	ange and fee(s)	are submitted	for filing.
Please return all correspondence co				
RICHARD MEL Name of Person	LMAN			
				SEC
Firm/Company	*			RETAI AHAS
P.O. BOX 29	22			PA SEE.
Address GAINESVILLE FL City/State and Zip Co		·		09 SEP -2 PH 1: 34 SECRETARY OF STATE ALLAHASSEE, FLORIDA
rmellman00@yah E-mail address: (to be used for future ann	00.COM nual report notification)			
For further information concerning	this matter, please	call:		
RICHARD MELLMAN	at (<u>3</u>	352_)´	377-900	0
Name of Person		Area Code & I	Daytime Telephone	: Number
STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	CSS:	MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee, Flo	ction porations	
Enclosed is a check for the	following amour	ıt:		
\$25 Filing Fee		\$55 Filing Fe	e & Certified	Сору

TO: Registration Section

. 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.

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) GAINESVILLE.FL 32601 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 10/25/2005 3. Date of filling/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept of State: Registered Agent: Registered Office Address: Registered Office Address: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: (mUST BE FLORIDA STREET ADDRESS) 10/20 SW 11 TERR GAINESVILLE FL 32601 If the limited liability 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 or authorized representative of a member Will: a member of agency the approximation of a segistered agent and agree to act in this capacity. I further garge to be the property agree to the property the property agree to the	1. Name of the limited liability company: OCEAN S	HORE MOTEL AND VILLAS, LLC			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 10/25/2005 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept of Stage: Registered Agent: Registered Office Address: Registered Office Address: NEW Registered Agent: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: NEW Registered Office Address: MUST BE FLORIDA STREET ADDRESS) If the limited liability 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. MILLIAM E. MCEACHERN Signature of a member or authorized representative of a member Will: am E. Mc Eachern Printed or typed name of signee	2. (a) Principal office address of limited liability company	: 1020 SW 11 TERR			
10/25/2005 10/25/	(Note: MUST BE STREET ADDRESS)	GAINESVILLE.FL 32601			
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Registered Agent: Registered Office Address: 824 E UNIVERSITY AVE GAINESVILLE, FL 32601 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) WILLIAM E. MCEACHERN 1020 SW 11 TERR GAINESVILLE ,FL 32601 If the limited liability 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. Milliam E. Weeller Signature of a member or authorized representative of a member William E. Mc Eacher Printed or typed name of signee	3. Date of filing/registration in Florida	4. Document number			
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I have by account the approximent as registered agent and agree to act in this capacity. I further agree to		_			
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.	I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the property and I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.			
Millian E. Mc Cacher Signature of Registered Agent	Millian & Mc Cacher				

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