## Lo6000008608

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800111457708

11/02/07--01012--005 \*\*25.00

2007 KOV -2 AM II: 06
SECRETARY OF STATE



## **COVER LETTER**

**Division of Corporations** SUBJECT: INSPIRED DEVELOPMENTS OF THE GULF COAST, 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: Barbara Sanders, Esq. (Firm/Company) 80 Market Street (Address) Apalachicola, FL 32329 (City/State and Zip Code) For further information concerning this matter, please call: Barbara Sanders (Area Code & Daytime Telephone Number) (Name of Person) STREET/COURIER ADDRESS: **MAILING ADDRESS: Registration Section** Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$55 Filing Fee & Certified Copy

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.

1. The name of the limited liability company is:	Inspired Developments of the C	Gulf Coast, LLC
2. The mailing address of the limited liability cor 215 Signal Lane, Port St. Joe, FL 32456	mpanyis: 1534 Highway Wewahitchka,	
01/24/2006	L06000008608	
3. Date of filing/registration in Florida 4. Document nu		ber
5. The name of the registered agent and the regist Florida Department of State:	tered office address as shown or	n the records of the
Steve M. Lasota		
<del> </del>	Name	
220 McKenzie Ave	enue	
	Address	
Panama City, FL 3	32401	
City, S	State and Zip	
6. The name and address of the new registered ag	gent and/or office:	
Barbara Sanders,		
Name 80 Market Street		200 TAI
Florida street address	(P.O. Box NOT acceptable)	2007 NOV SECRETA
Apalachicola	FL 32329	TAR:
City St	tate and Zip	

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 fimited 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)

Steve M. Lasota, Esq., Authorized Representative

(Printed or typed name of signee)

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 auties, 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.

(Signature of Registered Agent)

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