

**W06000018703**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000298670 3)))



H060002986703A9C5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 205-0380

From:

Account Name : THE FLORIDA COMPANY  
Account Number : I20060000001  
Phone : (608) 827-5300  
Fax Number : (608) 824-0405

**REGISTERED AGENT CHANGE**

**KATRINA COTTAGE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED  
06 DEC 20 AM 8:00  
DIVISION OF CORPORATIONS

FILED  
06 DEC 20 AM 10:51  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

# 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: KATRINA COTTAGE LLC

2. The mailing address of the limited liability company is : \_\_\_\_\_

491 HERRON VILLA LANE PENSACOLA FL 32506

2/13/2006

L06000018703

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

THE FLORIDA INCORPORATING COMPANY

Name

1203 GOVERNORS SQUARE, STE. 101

Address

TALLAHASSEE, FL 32301

City, State and Zip

6. The name and address of the new registered agent and/or office:

Business Filings Incorporated

Name

1203 Governors Square, Ste. 101

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301

City, State 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 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)

Michael Johnston

(Printed or typed name of signer)

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.

(Signature of Registered Agent)

Business Filings Incorporated, Mark Schill, AVP

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314