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(R	equestor's Name)			
(A	ddress)			
(A	ddress)	14.4.		
(C	ity/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name)	·		
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to	Filing Officer:			
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SECRUTARY OF STATE
TALLAHASSEE, FLORIDA

• COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Realty Group of the Emerald 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:			
Richard S. McNeese			
(Name of Person)			
McNeese Law Firm (Firm/Company)			
(i init company)			
36468 Emerald Coast Pky #1201			
(Address)			
Destin, FL 32541			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Peter J. Pike at (850) 337-4240 X 125			
Peter J. Pike at (850) 337-4240 X 125 (Area Code & Daytime Telep	phone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	Registration Section Division of Corporations P.O. Box 6327		
Enclosed is a check for the following amount:			
\$25 Filing Fee \$\times \text{ S55 Filing Fee & Certified Con}\$	· V		

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 limi	ted liability company	is: Realty Group of the Emerald	Coast, LLC
2. The mailing address	of the limited liability	y company is : <u>136 S. Holiday F</u>	Road, Suite B, Destin, FL
32550			•
May 05, 2006		L06000046997	
3. Date of filing/registration in Florida		4. Document nu	mber
5. The name of the regis Florida Department o	f State:	egistered office address as shown	on the records of the
	Law Office of	Lamar A. Conerly, PA	-
	4481 Legendar	Name y Drive, Suite 200	
		Address	- -••
	Destin, FL 325		- ALSE 06
com to the		ity, State and Zip	
6. The name and address of the new registered agent and/or office:		25	
<i>;</i>	Richard S. McN	Neese	SE
,	26460 [Name	
		Coast Parkway, Suite 1201 ress (P.O. Box NOT acceptable)	
	r iorida street add	iess (i .O. Dox ivo i acceptable)	RIDA S6
	Destin,	FL 32541	
	Cit	y, State and Zip	
confirmed that after the and the business office of liability company, it is hof the members of the lor the operating agreem.	change or changes are of the registered agen- tereby confirmed that imited liability compa- ent of the limited liab	red under the laws of the State of the made, the Florida street address t will be identical. Or, in the case the change(s) was/were authorizany or as otherwise provided in the illity company.	s of the registered office e of a Florida limited ed by an affirmative vote
(Signature of a plember or auth	orized representative of a me	ember)	
Randolph T. Branhar			· ·
(Printed or typed name of signe	•		
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, is address, I hereby confirm (Signature of Registered Agent	male	d agent and agree to act in this cative to the proper and complete pitions of my position as registered no filed to merely reflect a chang bility company has been notified	apacity. I further agree to performance of my duties, agent as provided for in e in the registered office in writing of this change.

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