## L01000093234

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
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SECKETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Gulfshore Capital Partners F (Name of Limited)	Fund II, LLC d 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 m	natter to the following:	
Max Mazzone (Name of Person)		
Gulfshore Capital Partners, LLC (Firm/Company)		
15505 Monterosso Lane, Unit 101 (Address)		
Naples, FL 34110 (City/State and Zip Code)		
For further information concerning this matter, ple	ase call:	
Max Mazzone at (2) (Name of Person)	239 <u>280-8691</u> (Area Code & Daytime Telephone 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	
Enclosed is a check for the following amo	ount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## 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 limite	ed liability company is:	Guifshore Capital Partners Fu	and II, LLC	·
2. The mailing address o	f the limited liability co	mpany is : 15505 Monteross	so Lane, Unit 10	<u>)1                                    </u>
Naples, FL 34110			,	
9/22/06		L06000093234		
3. Date of filing/registration in Florida		4. Document nur	nber	
5. The name of the register Florida Department of	ered agent and the regist State:	tered office address as shown	on the records of	the
•	Corporation Serv			
	1201 Hays Street	Name		
		Address	•	
Tallahassee, FL 32301			7 2	
	City,	State and Zip	2007 SEC	
6. The name and address of the new registered agent and/or office:			2007 DEC 17 SECRETARY TALLAHASS	7
	Max Mazzone		17 ARY SSE	-
		Name	7 PM RY OF S SEE, FI	
15505 Monterosso Lane, Unit 101		FLOG FLOG		
	Florida street address	(P.O. Box NOT acceptable)	STATE LORIDA	
	Naples,	FL 34110	>	
	City, S	tate and Zip		
		under the laws of the State of lade, the Florida street address ll be identical. Or, in the case change(s) was/were authorize or as otherwise provided in the company.		
(Signature of a member or author	ikel representative of a member	rr)		
By Gulfshore Capital Partners		lazzone its Managing Member		
(Printed or typed name of signee			· 16 4	
I hereby accept the appo comply with the provision and I am familiar with ar Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered as its of all statutes relative ad accept the obligation this document is being for that the limited liability.	gent and agree to act in this co to the proper and complete p s of my position as registered lied to merely reflect a change y company has been notified i	ipacity. I further erformance of m agent as provide in the registered in writing of this	agree to y duties, d for in doffice change.

(Signature of Registered Agent)