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M. Thomas DEC 1 0 2007

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Mountain and Water Inve	estments, LLC mited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning thi	nis matter to the following:	
Kristie Busby  (Name of Person)		01 E
(name of rerson)		過じ
Matthews & Hawkins, P.A.	·	
(Firm/Company)		FST
4475 Legendary Drive		PART OF THE PART O
(Address)	<del> · · · · · · · · · · · · · · · · · ·</del>	
Destin, Florida 32541		
(City/State and Zip Code)		
For further information concerning this matter,	, please call:	
Kristie Busby	at (850 ) 837-3662	
(Name of Person)	(Area Code & Daytime Telephone N	lumber)
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 a	amount:	
\$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.

agent, or both, in the state of	~		
1. The name of the limited l	liability company is: Mou	untain and Water Investments, LL	<u>.C</u> .
2. The mailing address of th	ne limited liability compar	ny is : 8069 Highway 30-A	·
Panama City, FL 32413			
03/09/2007		L07000026718	
3. Date of filing/registration	ı in Florida	4. Document number	
Florida Department of Sta	ate:	office address as shown on the r	ecords of the
<u>T</u>	erry M. Habshey		
	Nan	ne	
8069 Highway 30-A			
	Addr	ess	
Pa	anama City, FL 3241		
	City, State	and Zip	
6. The name and address of the new registered agent and/or office:			
	,		<del>2</del> 8 9
Da	ana C. Matthews		ES 0 五
	Name	- <del>-</del>	製山丽
44	475 Legendary Drive		332 - 0
F	Florida street address (P.O	D. Box NOT acceptable)	Fig. I
De	estin FL	32541	OTDEC-7 AHII: 01 SECRETABLE OF STATE TALLAHISSEE FLORIT
<u></u>	City, State a	<del></del>	- <u>B</u> m
and the business office of the liability company, it is hereb	nge or changes are made, to be registered agent will be by confirmed that the chan ed liability company or as of the limited liability com	the laws of the State of Florida, the Florida street address of the ridentical. Or, in the case of a Florige(s) was/were authorized by an otherwise provided in the article spany.	egistered office orida limited affirmative vote

(Printed or typed name of signce)

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

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