

LO7000078884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

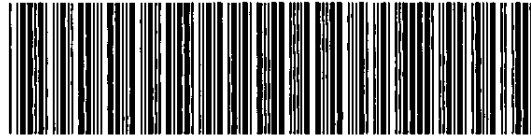
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TALLAHASSEE, FLORIDA

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J. SAULSBERRY
EXAMINER

NOV 27 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Have Travel - Memories Vacations
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:

Jodell Haverfield
Name of Person

Have Travel - Memories Vacations, LLC
Firm/Company

88 Dominica Ct
Address

Miramar Beach, FL 32550
City/State and Zip Code

jodell@havetravelMemoriesVacations, LLC
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jodell Haverfield at (406) 544-8365
Name of Person 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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

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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. Name of the limited liability company: HaveTravel-Memories Vacations,LLC

2. (a) Principal office address of limited liability company: 88 Dominica Ct
(Note: MUST BE STREET ADDRESS) Miramar Beach, FL 32550

(b) Mailing address of limited liability company: 88 Dominica Ct
(Note: MAY BE POST OFFICE BOX) Miramar Beach, FL 32550

July 31, 2007

L07000078884

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Tingle, D. Craig, ESQ

Registered Office Address:

3822 Misty Way
Destin, FL 32541

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

NEW Registered Agent:

M. Todd Burke

NEW Registered Office Address:

195 Grand Blvd., Suite 101

(MUST BE FLORIDA STREET ADDRESS)

Miramar Beach, FL 32550

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.

JoDell Haverfield
Signature of a member or authorized representative of a member

JoDell Haverfield

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 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.

JoDell Burke
Signature of Registered Agent

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

FILING FEE: \$25.00