L07000122861

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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	COVER LETTER * •		
Registration Section Division of Corporations			
SUBJECT: Out O	Oast Luxury Properties, LLC 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	g this matter to the following:		
Kelly Kepler			
, ivalue of retson			
Jult Coast Luxury Firm/Company	Properties, LLC		
2955 West Bay	Drive		
Belleair Bluffs, F	-L 33770		
Kelly. Kefler@ evusa E-mail address: (to be used for future annual report	A.Com		
For further information concerning this matter, please call:			
Kelly Kepler	at (727) 461-1000		
STREET/COURIER ADDRESS:	Area Code & Daytime Telephone Number MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the follow	ing 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 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	108, Florida Statutes, the undersigned limited er to change its registered office or registered
1. Name of the limited liability company: Quif C	past Luxury Properties, L
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)	Belleair Bluffs, FL 33770
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2955 West Bay Drive Belleair Bluffs, FL 33770
12/10/2007 3. Date of filing/registration in Florida	L07000122861 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Kelly Kepler
Registered Office Address:	432 Cleveland Street
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	Clear water Ft 33755 W Registered Office address: ω
NEW Registered Agent:	<u> </u>
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2955 West Bay Drive Belleair Bluffs FL 33770
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company. Signature of a member or authorized representative of a member Relly Kepley Printed or typed name of signee	lorida street address of the registered office cical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of

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