

LD8000040491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

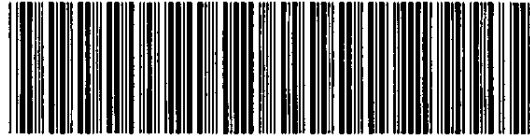
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 27 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Burnt Pines Development, 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:

Thomas Becnel

Name of Person

Sandestin Investments, LLC

Firm/Company

9300 Emerald Coast Pkwy W

Address

Miramar Beach, FL 32550

City/State and Zip Code

kristincloud@sandestin.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristin Cloud at (850) 267-8766
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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

2. (a) 9300 Emerald Coast Pkwy W

(Note: MUST BE STREET ADDRESS)

(b) 9300 Emerald Coast Pkwy W

(Note: MAY BE POST OFFICE BOX)

L08000040491

4. Document number

5. (a) Salvatori, Wood & Buckel

9132 Strada Place

Fourth Floor

Naples, FL 34108

(b) Dana C. Matthews

4475 Legendary Drive

NEW Registered Office Address:

Destin FL 32541

Signature of a member or authorized representative of a member

Thomas Becnel

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 605, 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

INHS18 (2/14)