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COVER LETTER

7

TO: Registration Section Division of Corporations

SUBJECT: _____

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:

Lori L. Ammons

Name of Person

Johnson Pope

Firm/Company

333 Third Avenue North, Suite 200

Address

St. Petersburg, FL 33701

City/State and Zip Code

skidoc@tampabay.rr.com

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

For further information concerning this matter, please call:

Lori Ammons	727 483-5685 at ()
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the follow	ring amount:
🖸 \$25 Filing Fee	\$55 Filing Fee & Certified Copy

APPENDER STATE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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)		(b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1014 Point Seaside Drive		P.O. Box 871
	Crystal Beach, FL	<u></u>	Crystal Beach, FL 34681
	06/06/2008		L08000056406
} .	Date of filing/registration in Florida	4.	Document number
5. (a)	Corporation Service Company		
. /	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:
	1201 Hays Street		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2
			2
			APPROPER FILED
	Tallahassee, Fi	32301	
			27 PH
(b)	George Burns Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office adr	
	Earce name of <u>MEW Registered Agent</u> and/or <u>MEW Registered</u>	<u>a ome au</u>	
			6: 33
	1014 Point Sesside Drive		
	1014 Point Seaside Drive NEW Registered Office Address:		ω
	1014 Point Seaside Drive <u>NEW</u> Registered Office Address:		ω
			ω
			ω

Signature of a member or authorized representative of a member

CTEOFGE DUIZN S 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.

Mr Signature of Registered Agent

BY: George Burns

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