LD8000062633

| (Req | uestor's Name) | |
|---|----------------|-------------|
| (Add | ress) | |
| (Add | ress) | |
| (City/State/Zip/Phone #) | | |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



400137610084

11/06/08--01011--006 **25.00

OB NOV -6 AM IO: 41

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| SUBJECT: Landshark Enterprises, L (Name o | LC f Limited Liability Company) | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered O | ffice Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning t | this matter to the following: | |
| William S. Terry | | |
| (Name of Person) | | |
| | | |
| Landshark Enterprises, LLC (Firm/Company) | | |
| (rim/Company) | | |
| | | |
| 2172 W: Nine:Mile,Rd #211 | | |
| · · (Address) | | |
| | | |
| Pensacola, FL 32534 | | |
| (City/State and Zip Code) | | |
| For further information concerning this matte | r, please call: | |
| William S. Terry | at (904) 497-3523 | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | |
| | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations P.O. Box 6327 | |
| Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida 32314 | |
| Enclosed is a check for the following | g amount: | |
| 2 \$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.

| in the state of 1 tortain. | |
|---|---|
| 1. Name of the limited liability company: Landshark E | Enterprises, LLC |
| 2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>) | Pensacola, FL 32534 Change Via 2 Parts |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 2172 W. Nine Mile Rd #211 Pensacola, FL 32534 |
| | |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on the | the records of the Florida Dept. of State: |
| Registered Agent: | William S. Terry |
| Registered Office Address: | 5800 Beach Blvd Suite 203 Box 401 5 1 Jacksonville, FI 32207 |
| (b) Enter name of NEW Registered Agent and/or NEV | W Registered Office address: |
| NEW Registered Agent: | ORDA ORDA |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 2172 W. Nine Mile Rd #211 Pensacola, FL 32534,FL |
| If the limited liability company is not organized under the limited that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the can hereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member) | at address of the registered office and the business ase of a Florida limited liability company, it is an affirmative vote of the members of the limited |
| William S. Terry (Printed or typed name of signee) | _ |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statules relative to the proam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified (Signature of (Registered Agent) | gree to act in this capacity. I further agree to sper and complete performance of my duties, and I as provided for in Chapter 608, shange in the registered office address, I hereby I in writing of this change. |
| | |

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

rts.

+

INHS18 (05/08)