L08000100826

| (Requestor's Name) | | |
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| (Address) | | |
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| (Address) | | |
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| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| | | |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
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| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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J. BRYAN
DEC 19 2008
EXAMINER

| • • • • | COVER LETTER | C |
|--|---|-------------------|
| TO: Registration Section Division of Corporations | | |
| SUBJECT: Adventures Abound at (Name | Portofino Island, L.L.C. 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 | g this matter to the following: | |
| • | | |
| Kelly G. Helmstetter / Corporate Paralegal | | |
| (Name of Person) | | بنينه |
| Kovin M. Holmich, D.A. | | OBOLC 18 PM 1: 45 |
| Kevin M. Helmich, P.A. (Firm/Company) | | To Take |
| | | 0 965 |
| Post Office Box 5499 | | 宝 经 |
| (Address) | | . L |
| Destin, Florida 32540-5499 | | |
| (City/State and Zip Code) | | |
| | | |
| For further information concerning this mat | tter, please call: | |
| | | |
| Kelly G. Helmstetter | at (850) 650.4747(AC | _ |
| (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 follow | ing amount: | |
| | ☐ \$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.

| I. Name of the limited liability company: Adventures | s Abound at Portofino Island, L.L.C. | |
|--|--|--|
| 2. (a) Principal office address of limited liability compan (<u>Note: MUST BE STREET ADDRESS</u>) | y: 10 Portofino Drive Pensacola, Florida 32561 | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 10 Portofino Drive Pensacola, Florida 32561 | |
| October 27, 2009 | 1,00000400000 | |
| October 27, 2008 3. Date of filing/registration in Florida | L08000100826 | |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: | |
| Registered Agent: | Bruce P. Anderson | |
| Registered Office Address: | 200 Grand Boulevard, Suite 205A Destin, Florida 32550 | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | W Registered Office address: | |
| <u>NEW</u> Registered Agent: | Kevin M. Helmich, Esquire | |
| <u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 4481 Legendary Drive, Suite 200 | |
| | Destin <u>■</u> ,FL <u>32541</u> | |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles climited liability company. Machine Gignature of a member or authorized representative of a member) | et address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited | |
| (Printed or typed name of signee) Managing M | inber | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the provision am 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 | agree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change. | |
| (Nighature of Registered Agent) | | |

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