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(Requestor's Name)						
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(Business Entity Name)						
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SECRETARY OF STATE
ALLAHASSEE, FLORIO

D. BRUCE
AUG 1 5 2011
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporation	ons .							
SUBJECT: Slippahs, Slaps, and Flops, L.L.C. Name of Limited Liability Company									
Dear	Sir or Madam:								
The e	enclosed Registered Ager	nt/Registered Office	e Cha	nge and	l fee(s) are	submitted	l for filing.		
Pleas	e return all corresponden	ce concerning this	matte	r to the	following	:			
	Elizabeth J. V	Walters, Esq.							
	Burke Blue Hutchison Firm/Com		P.A.						
16215 Panama City Beach Parkway Address						11 AUG	the cyc		
Panama City Beach, Florida 32413 City/State and Zip Code						TARY OF ST ASSEE. FLO			
	ewalters@bu E-mail address: (to be used for fu	rkeblue.com ture annual report notifica	ation)				STATE	<u>හ</u>	
For f	urther information conce	rning this matter, p	lease	call:					
	Elizabeth J. Walters	peth J. Walters, Esq. at (850) 236-4444 Name of Person Area Code & Daytime Telephone Number							
	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 323	s Circle		Registra Division P.O. Bo	NG ADDR ation Section of Corpor ox 6327 ssee, Florid	n rations			
	Enclosed is a check for	or the following an	noun	t:					
	\$25 Filing Fee			\$55 F	iling Fec &	& Certified	l 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.

Name of the limited liability company:	Slippahs, Slaps, and Flops, L.L.C.
2. (a) Principal office address of limited liability	company: 201 Bluefish Drive, Suite 105
(Note: MUST BE STREET ADDRESS)	Panama City Beach, Florida 32413
(b) Mailing address of limited liability compar	ny: 113 South Vestavia Street
(Note: MAY BE POST OFFICE BOX)	Panama City Beach, Florida 32413
9/4/2009	L09000085934
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sl	nown on the records of the Florida Dept. of State:
Registered Agent:	Elizabeth J. Walters
Registered Office Address:	415 Richard Jackson Blvd., Suite 500 Panama City Beach, Florida 32407
(b) Enter name of <u>NEW Registered Agent</u> an <u>NEW</u> Registered Agent: NEW Registered Office Address:	Elizabeth J. Walters, Esq. 16215 Panama City Beach Parkway
MUST BE FLORIDA STREET ADDRE	Panama City Beach ,FL32413
and the business office of the registered agent will liability company, it is hereby confirmed that the of the members of the limited liability company of the operating agreement of the limited liability. Signature of a member or authorized representative of a member Philip Breeze Printed or typed name of signee	nder the laws of the State of Florida, it is hereby de, the Florida street address of the registered office l be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote r as otherwise provided in the articles of organization;
). Box 6327. Tallahassee, FL 32314

FILING FEE: \$25.00