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W. Guillagen AUG 2 7 2015

COVER LETTER

TO:	Registration Section Division of Corporations					
SURT	Sandestin Real Estate of N	W Florida, LLC				
Name of Limited Liability Company						
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the fo	ollowing:			
Thom	nas Becnel					
	Name of Person		_			
Sand	estin Investments, LLC					
	Firm/Company		_			
9300	Emerald Coast Pkwy W					
	Address		_			
Mirar	mar Beach, FL 32550					
	City/State and Zip Code		_			
kristii	ncloud@sandestin.com					
I	E-mail address: (to be used for future and	nual report notific	eation)			
For fu	rther information concerning this matter	, please call:				
Kristi	n Cloud	850	267-8766			
	Name of Person	ur (Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, Florida 32314			
	Enclosed is a check for the following	g amount:				
	■ \$25 Filing Fee	□ \$55	5 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 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.

1. Na	ime of the limited liability company:	estin Rea	al Esta		Florida, LLC			
2. (a)	9300 Emerald Coast Pkwy W		_ (b) <mark>9300 E</mark> n	nerald Coast F	Pkwy W		
() .	•				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Miramar Beach, FL 32550		_	Miramar	Beach, FL 32	2550		
	02/12/2010		_					
3.	Date of filing/registration in Florida	a .	4.		Document numb	per		
<i>5</i> (-)	Salvatori, Wood & Buckel							
5. (a)	Registered Agent and Registered Office shown on the 9132 Strada Place Registered Office Address (MUST BE FLORIDA				- e: -			
	Fourth Floor				_	A C	2015	
	Naples	FL.	34108				1116	-17
(b)	Dana C. Matthews				_	ASSET IN OF	26 PM	
	Enter name of NEW Registered Agent and/or NEW	Registered (Office ad	<u>aress</u> :		60 90	, ,	Name of
	4475 Legendary Drive					NO A	- 9	
	NEW Registered Office Address:				-			
	Destin	, FL_	32541		-			
the cha agent v was/we	imited liability company is not organized und ange or changes are made, the Florida street a will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the n icles of organization or the operating agreem	address of limited lia nembers of	the regi bility co f the lin	stered office ompany, it i nited liabilit	e and the busines is hereby confirm by company or as	s office of the ed that the ch	e regis ange(stered s)
	Thomas Beane		The	omas Bec	nel			
_	ture of a member or authorized representative of a men				Printed or typed na	•		
provisi the obi to mer	by accept the appointment as registered ager ions of all statutes relative to the proper and ligations of my position as registered agent a ely reflect a change in the registered office a d in writing of this change.	nt and agre complete us provided uddress, I h	ee to ac perform l for in (pereby c	t in this cap ance of my Chapter 602 onfirm that	acity. I further a duties, and I am 5, F.S. Or, if this the limited liabil	igree to comp familiar with document is ity company i	ly wit and a being has be	h the iccept filed en

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

Signature of Registered Agent