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(Re	questor's Name)			
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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J. SAULSBERRY EXAMINER

SEP 0 1 2011

## **COVER LETTER**

Division of	Corporations							
SUBJECT:			/E PROP		S, LLC			
	Name	of Limite	d Liability (	Company				
Dear Sir or Madam:								
The enclosed Regist	ered Agent/Registere	d Office	Change and	fee(s) are	submitted for	r filing.		
Please return all cor	respondence concern	ing this m	natter to the	following:	:			
	Chris Johnston							
	Name of Person							
Sentry	Asset Management	., LLC						
1230 Pea	achtree St NE - Suit	te 2445				SE TALL	281	
	anta, Georgia 3030 City/State and Zip Code	9				CRETARY OF STATE AHASSEE, FLORID	2811 AUG 31	
cjohnston@samlllp.com  E-mail address: (to be used for future annual report notification)				OF STAT	AM 8: 3	í.		
For further informat	ion concerning this m	atter, ple	ase call:			D <sub>A</sub>	37	
Chris	Johnston	at (	404 )		941-2905			
Name o	of Person		Arca	Code & Dayti	ime Telephone Nu	mber		
Registration S Division of Co Clifton Buildi	orporations ng /e Center Circle		Registra Division P.O. Box	NG ADDRI tion Section of Corpora x 6327 (see, Florida	n ations			
Enclosed is	a check for the follow	wing amo	ount:					
\$25 Filing	; Fee		\$55 Fi	ling Fee &	Certified Co	ру		

**TO:** Registration Section

## 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.

1. Name of the limited liability company:	SHELTER COVE PROPERTIES, LLC				
2. (a) Principal office address of limited liability of	company: 1230 Peachtree Street, NE				
(Note: MUST BE STREET ADDRESS)	RESS) Suite 2445 Atlanta, Georgia 30309				
(b) Mailing address of limited liability compan	4000 D   1400 - 0400 - 4 AIC				
(Note: MAY BE POST OFFICE BOX)	Suite 2445 Atlanta, Georgia 30309				
05/05/2010	L10000048924				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office sh	own on the records of the Florida Dept. of State:				
Registered Agent:	CT Corporation System				
Registered Office Address:	1200 South Pine Island Road Plantation, Florida 33324				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW Registered Agent</u> : <u>CBJ Equities I, LLC</u>					
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	649 Fifth Avenue South  SS)  Naples ,FL34102				
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization of the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Thereby accept the appointment as registered agent and agree to act in this capacity. In office and law familiar with and accept the obligations of my position as registered agent as profided for in Chapter 608, F.S. On if this document is being filed to merely reflect a change in the registered agent. Signature of Registered Agent  Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314					
FILING FEE: \$25.00					

INHS18 (05/08)