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(Re	equestor's Name)				
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B. ROSTICK

DEC - 2 2013

EXAMINER

COVER LETTER

Division of Corporations			
Subject: Shalimar Cove,	LLC		
	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:		
Melissa Jackson			
Name of Person			
Firm/Company			
3001 East Gadsden St	PALLAN.		
Address			
Pensacola Fl 32503	89 25 80 81		
City/State and Zip Code	NET E		
TELLMELISSA@COX.	NET S		
E-mail address: (to be used for future annual report	t notification)		
For further information concerning this ma	tter, please call:		
Tim Jackson	_ _{at} (850) 438-8232		
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:		
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		
-			

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 l	imited liability company:	Shalimar Cove LLC		<u>.</u>	
	office address of limited li MUST BE STREET ADD		3001 East Gadsden St Pensacola Fl 32503		
	ddress of limited liability AAY BE POST OFFICE		3001 East Gadsden St Pensacola FL 32503		
06/07/2010		_	L10000061087		
3. Date of filing/	registration in Florida	4	. Document numbe	r	
5. (a) Registere	d Agent and Registered O	office shown on th	ne records of the Flo	rida Dept. o	f State:
Registere	Registered Agent:		LOZIER, DANIEL R		
Registere	d Office Address:		24 W. CHASE STREET PENSACOLA, FL 32502		
(b) Enter nam	ne of <u>NEW Registered A</u>	gent and/or NEW	Registered Office	address:	201
<u>NEW</u> Re	gistered Agent:		Melissa Jackson		<u> </u>
	gistered Office Address:	(DDDEGG)	3001 East Gadsden St		ere ere
(MUST E	<u>BE FLORIDA STREET A</u>	(DUKESS)	Pensacola Fl 32503	F	<u>Cn</u>
confirmed that at and the business liability company the members of the operating agr	oility company is not organ fter the change or changes office of the registered agy, it is hereby confirmed the he limited liability compa- eement of the limited liability or authorized representative of a	are made, the Floent will be identicated the change(s) my or as otherwise ility company.	orida street address of	of the registe of a Florida	ered office limited
Leah	Smith				
Printed or typed name	of signee		•		
I hereby accept a comply with the pand I am familial Chapter 608, F.S. address, I hereby Signature of Registers	the appointment as registe provisions of all statutes r r with and accept the oblig S. Or, if this document is l peonfirm that the limited l	ered agent and ag elative to the pro- gations of my pos- peing filed to mer iability company	ree to act in this caper and complete pe ition as registered a ely reflect a change has been notified in	pacity. I fur erformance of gent as pro- in the regist writing of t	ther agree to of my duties, vided for in tered office his change.
Signature of registers		ne DA Bar 631	7 Tallahassaa EI	32314	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00					

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