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COVER LETTER

. TO: Registration Section Division of Corporation	ns	
-		
SUBJECT:	Tranquility Ba	y Pine Island, LLC
	Name of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Ager	nt/Registered Office C	hange and fee(s) are submitted for filing.
Please return all corresponden	ce concerning this ma	tter to the following:
Troube rotatif all corresponden	or compening mas me	nor to the following.
14 di B	.	
Martin B. Name of I	Strudwick	
ivanie of i	CISOII	
Tranquility Bay f	Pine Island III C	
Firm/Con		
12 Fast Fa	iger Street	
Addres		,,,
Baltimore,	MD 21202	•
City/State and		
Barry@no E-mail address: (to be used for fu	oload.com	
E-mail address: (to be used for fu	ture annual report notification	
For further information conce	rning this matter, pleas	se call:
	·g , F	
John E. Johnson,	Fea	813) 227-8148
Name of Person	at (Area Code & Daytime Telephone Number
		•
STREET/COURIER A	DDRESS:	MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporation	š	Division of Corporations
Clifton Building 2661 Executive Center ("irolo	P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 323		Tantanassee, Piorida 32314
Enclosed is a check f		unt:
\$25 Filing Fee		\$55 Filing Fee & Certified Copy
▼ 1 0 20 1 11111 5 1 00		

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:	Tranquility Bay Pine Island, LLC			
2. (a) Principal office address of limited liability of	company: 12 East Eager Street			
(Note: MUST BE STREET ADDRESS)	Baltimore, MD 21202			
(b) Mailing address of limited liability compan	y: 12 East Eager Street			
(Note: MAY BE POST OFFICE BOX)	Baltimore, MD 21202			
9/16/2010	L10000097047			
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:	Hunter Cochrane			
Registered Office Address:	2727 North Ocean Blvd., Apt. 6 Del Ray, FL 33483			
NEW Registered Agent:	Evie Bebensee			
NEW Registered Agent:	Evie Bebensee			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	SS) 828 Bird Bay Way FL34285			
If the limited liability company is not organized unconfirmed that after the change or changes are made and the business office of the registered agent will liability company, it is hereby confirmed that the coff the members of the limited liability company or or the operating agreement of the limited liability of the limited liability of a member of authorized representative of a member of a member of authorized representative of a member of the limited liability of	le, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization			
Martin B. Strudwick Printed or typed name of signee	**************************************			
	nt and agree to act in this capacity. I further agree to o the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.			
Printed or typed name of signee	nt and agree to act in this capacity. I further agree to o the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.			

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

Signature of Registered Agent

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:Trai	nquility Bay Pine Island, LLC			
2.	(a) Princ	ipal office address of limited liability company	: 12 East Eager Street			
	(<u>Not</u>	te: MUST BE STREET ADDRESS	Baltimore, MD 21202			
	(b) Maili	ing address of limited liability company:	12 East Eager Street			
	(<u>Not</u>	te: MAY BE POST OFFICE BOX)	Baltimore, MD 21202	_		
		9/16/2010	L10000097047			
3.	Date of fi	iling/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	Regis	stered Agent:	Hunter Cochrane			
	Regis	stered Office Address:	2727 North Ocean Blvd., Apt. 6 Del Ray, FL 33483	_		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>NEW</u> Registered Agent: <u>Evie Bebensee</u>						
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)			828 Bird Bay Way			
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 or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Martin B. Strudwick Printed or typed name of signee Lhereby accept the appointment as registered agent and agree to act in this capacity. I further agree to						
cor an Cr ad	nereby acc mply with ad I am fan apter 608 dress, I he	cept the appointment as registered agent and a the provisions of all statutes relative to the pr niliar with and accept the obligations of my po B, F.S. Or, if this document is being filed to me ereby confirm that the limited liability compan	igree to act in this capacity. I further agree oper and complete performance of my dutie, isition as registered agent as provided for inverte reflect a change in the registered office y has been notified in writing of this change	10 S, 1		

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

Signature of Registered Agent