

L1 0000 124264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

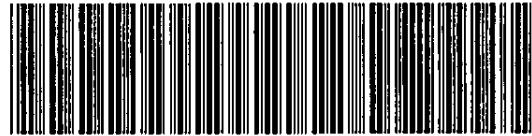
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

T. CLINE

DEC 20 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2011

GARY JOHNS
17 SE EGLIN PARKWAY
FT. WALTON BEACH, FL 32548

SUBJECT: GULFVIEW OFFICE COMPLEX, LLC
Ref. Number: L10000124264

We have received your document for GULFVIEW OFFICE COMPLEX, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 211A00025864

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TALLAHASSEE, FLORIDA

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P.O. Box 4400 Fort Walton Beach, FL 32549

December 16, 2011

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Gulfview Office Complex, LLC
Your Reference Number: L10000124264

Dear Sir or Madam:

Thank you for your correspondence of November 15, 2011 regarding the above-referenced matter. As per your correspondence, we have completed the proper forms and are enclosing same herewith for filing with the Division of Corporations.

Also enclosed, per your instructions, is a copy of your November 15, 2011 correspondence.

Thank you for your assistance and cooperation. In the event you have any questions, please do not hesitate to contact me.

Sincerely,

Sonya L. Hart, Assistant
Special Assets Department
sonyah@beachcommunitybank.com

/slh

Enclosures

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TALLAHASSEE, FLORIDA

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Main Office

17 SE Eglin Parkway • Fort Walton Beach, FL 32548 • 850. 244. 9900 • fax 850. 244. 9901 • toll free 866. 36BEACH

www.beachcommunitybank.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Gulfview Office Complex, LLC
Name of 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 this matter to the following:

Sasha L. Eastburn
Name of Person

Beach Community Bank
Firm/Company

17 SE Eglin Parkway
Address

Fort Walton Beach, FL 32549
City/State and Zip Code

sashae@beachcommunitybank.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sasha Eastburn at (850) 244-9900 x 221
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 following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Gulfview Office Complex, LLC
2. (a) Principal office address of limited liability company: 90 Beach Community Bank

(Note: **MUST BE STREET ADDRESS**)

17 SE Eglin Parkway
Fort Walton Beach, FL 32548

- (b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

12/02/2010
3. Date of filing/registration in Florida

L10000124264
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Richard M. Colbert

Registered Office Address:

4 Laguna Street, Suite 101
Fort Walton Beach, FL 32548

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Gary Johns

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

17 SE Eglin Parkway
Fort Walton Beach, FL 32548

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.

W. Scott McCormick
Signature of a member or authorized representative of a member

W. Scott McCormick, Mgr.
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

W. Scott McCormick
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00