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COVER LETTER

FO: Registration Section Division of Corporations								
Palmetto Beach, LLC SUBJECT:								
Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Offic	ce Change ar	nd fee(s) are submitted for filing.						
Please return all correspondence concerning this	s matter to th	e following:						
Hector De La Cruz								
Name of Person								
Palmetto Beach, LLC								
Firm/Company								
2672 Chat Holly Rd								
Address								
Santa Rosa Beach, FL 32459								
City/State and Zip Code								
hectorlandscaping58@hotmail.com								
E-mail address: (to be used for future annual	ual report no	tification)						
For further information concerning this matter,	please call:							
Hector De La Cruz	850 at (533-6124						
Name of Person	*** (Area Code & Daytime Telephone Number						
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enclosed is a check for the following	amount:							
■ \$25 Filing Fee	٥	\$55 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.

Na	me of the limited liability company: Palmetto Beach	,LLC					
(a)	2672 Chat Holly Rd, Santa Rosa Beach, FL 32459		2672 Cha	2672 Chat Holly Rd, Santa Rosa Beach, FL 32459			
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)				
	04/04/2011		1.110000040	523			
	Date of filing/registration in Florida	4.		Document number			
(a)	Shelley Smith						
(1)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of Sta	te:			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	<u> </u>		2023 JUL		
	13123 E Emerald Coast Pkwy, Ste B178					. 33	
	Inlet Beach	32461 FL		~ ~	25	ARY	
(b)	Hector De La Cruz				PM 12: 14	THE LARY OF STATE	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office add	iress:		=	12. 5m	
					-	-	
	NEW Registered Office Address:		-	_			
	2672 Chat Holly Rd			_			
	Santa Rosa Beach	FL ³²⁴⁵⁹					
ange ent ' is/w	imited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles aforganization or the operating agreement of the	laws of the he registere liability co s of the lim	State of F d office a mpany, it ited liabili	lorida, it is hereby con nd the business office o is hereby confirmed th ity company or as othe	of the reg at the ch	gist ian	
1	HECTOR DE LA CRUZ	Heet	or De La C	ruz			
-	HERESCHTASSHCSREET or authorized representative of a member			Printed or typed name of	_	_	
here ovis e oh mer otif ic	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, Dinyuniang of this change.	igree to act te performa ded for in C I hereby co	in this cap ince of my chapter 60 infirm that	pacity. I further agree duties, and I am famil 5, F.S. Or, if this doct the limited liability co	to comp liar with iment is ompany i	h k h	
	HECTOR DE LA CRUZ						