## 112000018115

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



300296944913

04/83/17--01011--020 \*\*25.00

TY APR -3 AN WALL

APR 0 4 2017 Y SULKER

## **COVER LETTER**

	ation Section on of Corporations						
SUBJECT:	horeline HOAS LLC						
Name of Limited Liability Company							
Dear Sir or Ma	dam:						
The enclosed R	egistered Agent/Registered Offic	ce Change and fe	e(s) are submitted for filing.				
Please return a	ll correspondence concerning this	s matter to the fol	llowing:				
Karen Liess	mann						
	Name of Person		•				
Shoreline H	DAS LLC						
	Firm/Company		•				
PO Box 654	17						
	Address		•				
Orange Park	c, FL 32065						
	City/State and Zip Code		•				
karen@tmpf	1.com						
E-mail ad	dress: (to be used for future annu	ual report notifica	tion)				
For further info	ormation concerning this matter,	please call:					
Karen Liessi	mann	904 at (	440-6305				
	Name of Person	_	Area Code & Daytime Telephone Number				
Registr Divisio Clifton 2661 E	ett/COURIER ADDRESS: ration Section on of Corporations Building executive Center Circle assee, Florida 32301	Regis Divis P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:							
<b>☑</b> \$25	Filing Fee	<b>□ \$55</b>	Filing Fee & Certified Copy				
INHS18 (2/14)							

## 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.

1. N	Name of the limited liability company: Shoreline Ho	OAS LLO	<u> </u>		
2. (a)	Glenn R Mee	ſŀ	)		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	225 College Dr., Unit 65417		PO Box	65417	
	Orange Park, FL 32065		Orange	Park, FL 32065	
	2/07/2012		L120000	18115	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	Glenn R Mee				
٥. رو	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of State	<b>-</b> e:	
	Registered Office Address (MUST BE FLORIDA STREET) 225 College Dr. Unit 65417	ADDRESS	<u> </u>	<del>-</del> 2 ·	
	Orange Park	<sub>L</sub> 32065		77	
				APR -	
(b	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	NEW Registered Office Address:		· · · · · - · · · · · · · · · · · ·	- DA +	
	13400 Sutton Park Dr., South Suite 1204				
	Jacksonville , F	L 32224		_	
the chagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the reginability control of the limited lim	stered office ompany, it is sited liability liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.	
Sign	nature of a member or authorized representative of a member	<u> </u>	nn R Mee	Printed or typed name of signee	
l her provi the oi to me notifi	reby accept the appointment as registered agent and as sions of all standes relative to the proper and complet bligations of my position as registered agent as provid rely reflect a change in the registered office address, led ed in writing of this change	gree to ac e perform led for in ( I hereby c	t in this cap ance of my Chapter 605 onfirm that	acity. I further garee to comply with the	

60