2/2000091045

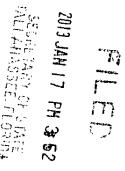
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
JAN 2 2 2013		
A. LUNT		
·		

Office Use Only



900243424139

01/17/13--01014--014 **25.00



COVER LETTER

TO: Registration Section Division of Corporations

SHRIECT: SHORELINE PROPERTY SERVICES, 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:

Christopher Scicchitano

Name of Person

Shoreline Property Services, LLC

Firm/Company

200 Cape Circle

Address

Panama City Beach, FL 32413

City/State and Zip Code

Chris@shorelinepropertyservices.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Scicchitano at (337) 296-0417

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

2013 JAN 17 PH 3

E T

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: SHORELINE	PROPERTY SERVICES, LLC
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	1100 Black Diamond Drive #1124
	Panama City Beach, FL 32407
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	200 Cape Circle
	Panama City Beach, FL 32413
7/11/2012	L12000091045
3. Date of filing/registration in Florida	Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	Christopher Scicchitano
Registered Office Address:	1100 Black Diamond Drive #1124
	Panama City Beach, FL-32407
	Éž 3
(b) Enter name of NEW Registered Agent and/or NEW	the state of the s
NEW Registered Agent:	Constitution of the state of th
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	200 Cape Circle
	Panama City Beach SFL #82413
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fland the business office of the registered agent will be identicability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
Christopher Scicchitano	-
Printed or typed name of signee	
I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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