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(Requestor's Name)						
(Address)						
(Address)						
, and a second s						
(City/State/Zip/Phone #)						
(City/State/Zip/Prione #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J. HORNE						
JAN 2 7 2025						
JAN						

Office Use Only



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12/09/24--01019--018 **25.00



COVER LETTER

_	ristration Section ision of Corporations					
SUBJECT:	Cameron Strayhan, LLC					
Sebone I.	Name of Limited Liability Company					
Dear Sir or	Madam:					
The enclose	d Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.				
Please return	n all correspondence concerning this ma	atter to the following:				
H. Lee Stray	han, III					
	Name of Person					
Strayhan & S	Strayhan					
	Firm/Company					
2050 W. Co.	Hwy 30A Unit M1-210					
	Address					
Santa Rosa B	Beach, Florida 32459					
	City/State and Zip Code					
lee@strayhar	nlaw.com					
E-mail	address: (to be used for future annual r	eport notification)				
For further i	nformation concerning this matter, plea	se call:				
Cameron Stra		850 687-0766 t ()				
	Name of Person	Area Code & Daytime Telephone Number				
Reg Div P.O	iling Address: gistration Section rision of Corporations b. Box 6327 lahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enc	closed is a check for the following amo	ount:				
■ \$	25 Filing Fee	□ \$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.

l. Na	me of the limited liability company: Cameron Strayha	n, LLC			
2. (a)		(b)		
-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	47 S. Zander Way		47 S. Zander Way		
	Santa Rosa Beach, Florida 32459		Santa Ros	a Beach, Florida 32459	
	09/20/2012		L12000120	498	
3.	Date of filing/registration in Florida	- 4.		Document number	
5. (a)	Harvey L Strayhan, III				
5. (a)	Registered Agent and Registered Office shown on the records of	the Florie	la Dept. of Sta	_ te:	
	6757 US-98				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Ste 102			-	
	Santa Rosa Beach	32459	. <u>-</u>	F 2024 DEC	
(b)	H. Lee Strayhan, III				
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			- P C	
	2050 W. Co. Hwy 30A) 17685 17685	
	NEW Registered Office Address:			Ψ	
	Unit M1-210			_	
	Santa Rosa Beach	32459			
change agent v was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members coles of organization or the operating agreement of the ture of a member or authorized representative of a member	register ability co of the lindited	ed office an ompany, it i nited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.	
provisi the obl to mere notified	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of the change.	ree to ac perforn d for in hereby c	t in this cap lance of my Chapter 602 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been	