11200143254

(Requestor's Name)
(Address)
(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



600251003916

75 HUG 26 PH 3: 07

LORIDA

08/26/13--01023--029 **25.00

SEP 0 4 2013 D. BUTLER

COVER LETTER

TO: Registration Section Division of Corporations	· .		
SUBJECT: Royal Palm Entitie	s LLC		
ocbobet.	nited Liability Company	_	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
	` /		
Maija Currie			
Name of Person	(ದ	TAL
Royal Palm Entities		3 AUG 26	LAHA
Firm/Company			SSE
4702 Lantana Lane		PM 3: 07	ALLAHASSEE.FLORIDA
Address		9	≅OA
Destin, FL 32541			
City/State and Zip Code			
maijacurrie@hotmail.com			
E-mail address: (to be used for future annual report notifi	ication)		
For further information concerning this matter,	please call:		
Maija Currie	, ₍ 646) 4411852		
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 a	amount:		
■ \$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 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. Na	me of the limited liability company: Royal Palm Enti	ties LLC			
2 (a)	Deimainal affice address of limited liability assess	anno 4703 Lantana Lana			
z. (a)	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	Destin, FL 32541		7 0	
	(Note: MUSI BE SIREEI ADDRESS)	200111, 12 02011	<u> </u>	두만	
			둙	- 2 m	
(h)	Mailing address of limited liability company:	4702 Lantana Lane	<u> </u>	ラヴァ	
	(Note: MAY BE POST OFFICE BOX)	Destin, FL 32541	<u> </u>	SZF	
	11.0000 17.111 22 1 021 011102 2012		-70	MO.	
			3	-1J	
11/13/20	013	L12000143254	ယ္	15	
			<u> </u>	-23	
3. Da	te of filing/registration in Florida	4. Document number	-	DE A	
5. (a)	Registered Agent and Registered Office shown	on the records of the Florida D	ept. of State	:	
	Registered Agent:	Michael Sinsheimer			
Registered Office Address:	1333 College Parkway Suite 102				
		Gulf Breeze, Ft. 32563			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office addre	<u>ess</u> :		
NEW Registered Office Address:	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4702 Lantana Lane			
	MUST BE FLORIDA STREET ADDRESS	Destin	,FL 3254	1	
confir and the liabili the me the op	limited liability company is not organized under the med that after the change or changes are made, the business office of the registered agent will be in the company, it is hereby confirmed that the change embers of the limited liability company or as other than agreement of the limited liability company or as other than agreement of the limited liability company or as other than agreement of the limited liability company or authorized representative of a member	e Florida street address of the r lentical. Or, in the case of a Flore(s) was/were authorized by an	egistered of orida limited affirmative	l vote of	
Maija C					
	or typed name of signee				
I here compl and I Chapt addre	eby accept the appointment as registered agent any with the provisions of all statutes relative to the am familiar with and accept the obligations of my ter 608, F.S. Or, if this document is being filed to ss, I hereby confirm that the limited liability comp	nd agree to act in this capacity. To proper and complete performs To position as registered agent a merely reflect a change in the	I further as ance of my a s provided f registered o	ree to luties, or in ffice	

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