## 

(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 Filling Officer:						
Ilmils						





08/19/24--01017--012 \*\*35.00

## COVER LETTER

	Registration Section Division of Corporations						
SHRIF	PEDDLER'S PAVILION, LLC						
JOBSEV	Name of Limited Liability Company						
Dear Sir	or Madam:						
The encl	osed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.				
Please re	eturn all correspondence concernin	g this matter to the	following:				
Andrew .	Allen						
	Name of Person	-	_				
	Firm/Company						
701 Sere		41					
	Address						
Santa Ro	sa Beach, FL 32459						
	City/State and Zip Co	de					
Andy@P	Peddlers3DA.com/ Jennifer@Pedders3	3DA.com					
E-1	mail address: (to be used for future	annual report notif	ication)				
For furtl	ner information concerning this ma	itter, please call:					
Andrew	Allen	678 at (	491-4844				
	Name of Person						
	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 follow	wing amount:					
	S25 Filing Fee	□ s	55 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.

١.	Na	me of the limited liability company: PEDDLER'S PAV	ILION,	LLC	
2.	(a)	10343 E COUNTY HWY 30A	C	b)	
	(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		INLET BEACH, FL 32461			
			_	<del></del>	
			_		
		12/26/2012		L1200016025	55
3.		Date of filing/registration in Florida	4.	<u>.</u>	Document number
5.	(a)	ROBERT L JONES III			·
	• /	Registered Agent and Registered Office shown on the records of the 4405 COMMONS DRIVE EAST SUITE 102	:		
		Registered Office Address (MUST BE FLORIDA STREET A	<u></u>		
		DESTIN	32541		•
		, FL			
	(b)	ROBERT L JONES III			
		Enter name of NEW Registered Agent and/or NEW Registered	Office ac	<u>ddress</u> :	
		500 GRAND BLVD #270			
		NEW Registered Office Address:			
				•	
		MIRIMAR BEACH , FL	32550		
cha a a van	inge wil by	as authorized by resolution regating agreement of the life board, or the corporation har attive of a member	register bility co f the lin limited	red office and ompany, it is nited liability liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in Printed or typed name of signee
pro the to	rvisi obl nere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ly reflect a change in the registered office address. I have interesting of this change.	e to ac perform for in ereby c	t in this capa ance of my d Chapter 605, onfirm that ti	cuy. I juriner agree to comply with the luties, and I am Jamiliar with and accept F.S. Or, if this document is being filed he limited liability company has been
1	ú	Idence To			