113000041770

(Requestor's Name)							
(Address)							
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(City	//State/Zip/Phon	e #)					
	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
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SECRETARY OF STATE TALLAHASSEE FLORIDA
ALLAHASSEE, FLORIDA

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COVER LETTER

	Registration Section Division of Corporations						
;.	Mayberry's RV & Mobile Ho	me Park, LLC					
SUBJECT: Name of Limited Liability Company							
Dear Sir	or Madam:						
The enclo	osed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:							
Emily K	(: Mayberry						
	Name of Person	· · · · · · · · · · · · · · · · · · ·					
	57(0						
	Firm/Company						
	orth Flagler Drive #1709						
, p. 1	Address						
West P	alm Beach, FL 33407						
1('	City/State and Zip Code						
mayber	rysrv@gmail.com						
E-m	nail address: (to be used for future ann	ual report notification)					
For furth	er information concerning this matter,	please call:					
Emily K	. Mayberry	859 327-0982					
	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:							
Ş	₫ \$25 Filing Fee	☐ \$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.

1.	Na	me of the limited liability company: Mayberry's RV	& Mo	obi	ile Hom	e Park, LLC
	(a)	Mayberry's RV & Mobile Home Park, LLC	a	h)	Mayber	ry's RV & Mobile Home Park, LLC
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- '	·).		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		5600 North Flagler Drive #1709	_	,	5600 No	orth Flagler Drive #1709
		West Palm Beach, FL 33407	.	1	West Pa	alm Beach, FL 33407
		03/19/2013		L	130000	41770
3.		Date of filing/registration in Florida	4.			Document number
5	(a)	Vincent E. Mayberry				
٥.	(4)	Registered Agent and Registered Office shown on the records of th	e Florid	la D	ept. of Stat	- e:
		Vincent E. Mayberry				Zs _
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRES.	<u>S)</u>		TOWAR AND THE STATE OF THE STAT
		5600 North Flagler Drive #1709				
		West Palm Beach ,FL	3407	,		SSEE F
	(b)	Emily K. Mayberry				
	(-)	Enter name of NEW Registered Agent and/or NEW Registered C	office ac	ddr	<u>ess</u> :	
		Emily K. Mayberry				≨∓'
		NEW Registered Office Address:				_
				<u>_</u>		- `
		,FL				_
the ag	e cha ent v is/we	imited liability company is not organized under the laws nge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regi pility c the lin	iste om nite	ered offic npany, it i ed liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
	۶	Pniele K. Mayberry	En	nily	K. Mag	
		aire of a member or authorized representative of a member			,	Printed or typed name of signee
I i pro the to no	herei oviși e obl mere tified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he I in writing of this change.	e to ac erforn for in ereby c	et in nan Ch con	n this cap ace of my apter 60. afirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Si	gnatu	re of Registered Agent				
		Division of Corporations • P.O. Bo	ox 632	7∙	Taliaha	ssee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)