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| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEF F. STATE

K. SALY JUN - 5 2017

| | COVER | LETTER | |
|--|---------------------------------------|---|-------|
| TO: Registration Section Division of Corporations | | | |
| SUBJECT: Southern Hybrid Homes, LL | .C | , | |
| | ne of Limited | Liability Company | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Off | fice Change at | nd fee(s) are submitted for filing. | |
| Please return all correspondence concerning th | is matter to th | ne following: | |
| L December 1715 | | | |
| J. Douglas Liles | | | |
| Name of Person | | | |
| Southern Hybrid Homes, LLC | | | |
| Firm/Company | | | |
| Post Office Box 1440 | | e e e | |
| Address | | | |
| Santa Rosa Beach, FL 32459 | | | |
| City/State and Zip Code | · · · · · · · · · · · · · · · · · · · | And All Services | |
| doug@southernhybridhomes.com | | | |
| E-mail address: (to be used for future and | nual report no | ification) | |
| For further information concerning this matter. | , please call: | | |
| j. Douglas Liles | 850 at (| 225-9409 | |
| Name of Person | | Area Code & Daytime Telephone N | umber |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | F I T | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314 | |
| Enclosed is a check for the following | ; amount: | | |
| ■ \$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 | ame of the limited liability company: Southern Hybr | id Hor | nes, LLC | |
|---|---|--|---|---|
| 2. (a) | Southern Hybrid Homes, LLC | (h) Southern Hybrid Homes, LLC | | |
| , , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (| | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 900 County Highway 393 North | | Post Off | fice Box 1440 |
| | Santa Rosa Beach, FL 32459 | _ - | Santa R | losa Beach, FL 32459 |
| | 05/01/2013 | | L130000 | 63459 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | Burke Blue Hutchison Walers & Smirth, P.A. | | | · |
| (4) | Registered Agent and Registered Office shown on the records of the | e Florida | Dept. of Stat | <u> </u> |
| | Burke Blue Hutchison Walters & Smith, P.A. | | | _ |
| | Registered Office Address (MUST BE FLORIDA STREET AL | <u>DDRESS</u> | λ | - 2 |
| | 221 McKenzie Avenue | | ······································ | ZOIT JUN SECRET TALLAHA |
| | Panama City FL3 | 2459 | • | RETAR AHASS |
| (b) | J. Douglas Liles, Jr. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> J. Douglas Liles, Jr. | office add | fress: | PH 3-37 EE. FLORIDA |
| | NEW Registered Office Address: | | | - |
| | 900 Highway 393 North | | | · _ |
| | Santa Rosa Beach , FL 3 | 2459 | | _ |
| ne char gent w ras/we ne artic | mited liability company is not organized under the laws nige or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of teles of organization or the operating agreement of the line. | ne regis ility co the lim mited l | tered office mpany, it i ited liabilit ability con | e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in appany. Stiles, Jr. |
| | are of a member frauthorized representative of a member | | | Printed or typed name of signee |
| oupea S | y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pegations of my position as registered agent as provided for reflect a change in the registered office address. I here in writing of this change. The of Registered Agent | e to act erform for in C reby co | in this cap. nice of my hapter 603 nfirm that | acity. 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 |