| L13000 95953  |                          |  |  |  |  |  |
|---|--------------------------|--|--|--|--|--|
| (Requestor's Name)<br>(Address)<br>(Address)              | 800326368808             |  |  |  |  |  |
| (City/State/Zip/Phone #)                                  | 03/20/1901018014 **25.00 |  |  |  |  |  |
| (Document Number) Certified Copies Certificates of Status |                          |  |  |  |  |  |
| Special Instructions to Filing Officer:                   | 2019 HAR 20 PH 3: 44     |  |  |  |  |  |
| Office Use Only   | and the                  |  |  |  |  |  |

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#### COVERILETTER

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TO: Registration Section Division of Corporations

SUBJECT: Five Star Beach Properties LLC

Name of Limited Liability Company

Dear Sir or Madam:

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The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Josh McLean

Name of Person

Five Star Beach Properties

Firm/Company

12273 Emerald Coast Pkwy Suite 208

Address

Destin, FL 32550

City/State and Zip Code

accounting@fivestargulfrentals.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

## **Riesa Lewis**

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:

792-4617

850

at (

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## Enclosed is a check for the following 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 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. N   | ame of the limited liability company:   | perties                                       | -M                         |  |  |
|--|---|---|----------------------------|--|--|
| 2. (a)   | Five Star Properties  | 0   | b)                         | , Five Star Properties   |  |
|  | Principal office address of limited liability company:<br>( <u>Note: MUST BE STREET ADDRESS</u> )   | _ (   | ~, <u> </u>                | Mailing address of limited liability con<br>(Note: MAY BE POST OFFICE B  |  |
|  | 12273 Emerald Coast Pkwy 208  |   | 1                          | 12273 Emerald Coast Pkwy 208   |  |
|  | Destin, FL 32550  | _   | 0                          | Destin, FL 32550   |  |
|  | 7/5/2013  |   | L1                         | L13000095953   |  |
| 3.   | Date of filing/registration in Florida  | 4.  |                            | Document number  |  |
| 5. (a)   | Bruce Anderson  |   |                            |  |  |
| 5. (u)   | Registered Agent and Registered Office shown on the records of t  | he Florida                                    | a De                       | Dept. of State:  |  |
|  | Registered Office Address (MUST BE FLORIDA STREET A   | DDRESS  | <u>5)</u>                  | 2019 HAR 20  |  |
|  | 495 Grand Blvd Suite 206  |   |                            |  | 6 1  |
|  | Destin  | 32550   |                            | 20   | ·- >   |
|  | ,, · · · ·  |   |                            | PH 3: 44   |  |
| (b)  | Richard McNeese   |   |                            | <b>د</b> در ا  | ل  |
|  | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (  | Office ad                                     | ldre                       | Iress:   |  |
|  | McNeese Title LLC   |   |                            |  |  |
|  | NEW Registered Office Address:  |   |                            |  |  |
|  | 36468 Emerald Coast Pkwy Ste 1201   |   |                            |  |  |
|  |   |   |                            |  |  |
|  | Destin, FL  | 32541   |                            |  |  |
| the cha<br>agent v<br>was/wo                         | imited liability company is not organized under the law<br>inge or changes are made, the Florida street address of i<br>vill be identical. Or, in the case of a Florida limited lia<br>ere authorized by an affirmative vote of the members of<br>icles of organization or the operating agreement of the l | the regis<br>bility co<br>the lim<br>imited l | ster<br>omp<br>nte<br>liab | tered office and the business office of the a<br>mpany, it is hereby confirmed that the char<br>ted liability company or as otherwise prov<br>ability company. | registered                                   |
| Siona  | ture of a member or authorized representative of a member   | Jos   | sh f                       | Printed or typed name of signee  |  |
| I hepot<br>provisi<br>the obl<br>to mere<br>notifier | by accept the appointment as registered agent and agree<br>ons of all statutes relative to the proper and complete<br>igations of my position as registered agent as provided<br>ily reflect actuance in the registered office address, 1 h<br>t in writing of this change.                                 | ve to act<br>perform<br>for in (<br>ereby co  | t in<br>anc<br>Cha<br>onfi |  | with the<br>nd accept<br>ing filed<br>s been |

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

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