## 113000140466

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



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## **COVER LETTER**

| TO:     | Registration Section Division of Corporations              |                 |                                      |  |  |  |  |
|---------|--|-----------------|--------------------------------------|--|--|--|--|
| SUBJI   |  |                 |                                      |  |  |  |  |
|         | Name of Limited Liability Company                          |                 |                                      |  |  |  |  |
| Dear S  | ir or Madam:   |                 |                                      |  |  |  |  |
| The en  | closed Registered Agent/Registered Off                     | ice Change ar   | nd fee(s) are submitted for filing.  |  |  |  |  |
| Please  | return all correspondence concerning the                   | is matter to th | e following:                         |  |  |  |  |
| JOAN    | NN MALONEY   |                 |                                      |  |  |  |  |
|         | Name of Person   |                 |                                      |  |  |  |  |
| SURF    | FACES PCB LLC  |                 |                                      |  |  |  |  |
|         | Firm/Company   |                 | <del></del>                          |  |  |  |  |
| 1750    | 0 PANAMA CITY BEACH PKWY                                   |                 |                                      |  |  |  |  |
|         | Address  |                 | <del></del>                          |  |  |  |  |
| PANA    | AMA CITY BEACH, FL 32413                                   |                 |                                      |  |  |  |  |
|         | City/State and Zip Code                                    |                 |                                      |  |  |  |  |
| SURF    | FACESPCB@GMAIL.COM   |                 |                                      |  |  |  |  |
| Ē       | E-mail address: (to be used for future ann                 | ual report not  | ification)                           |  |  |  |  |
| For fur | rther information concerning this matter,                  | please call:    |                                      |  |  |  |  |
| JOAN    | IN MALONEY   | 850             | 896-3361                             |  |  |  |  |
|         | Name of Person   |                 | Area Code & Daytime Telephone Number |  |  |  |  |
|         | STREET/COURIER ADDRESS:                                    | N               | MAILING ADDRESS:                     |  |  |  |  |
|         | Registration Section                                       |                 | Registration Section                 |  |  |  |  |
|         | Division of Corporations                                   |                 | Division of Corporations             |  |  |  |  |
|         | Clifton Building   |                 | P.O. Box 6327                        |  |  |  |  |
|         | 2661 Executive Center Circle<br>Tallahassee, Florida 32301 | Т               | Callahassee, Florida 32314           |  |  |  |  |
|         | Enclosed is a check for the following                      | amount:         |                                      |  |  |  |  |
|         | ■ \$25 Filing Fee  |                 | \$55 Filing Fee & Certified Copy     |  |  |  |  |
| INHS18  | 8 (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. N                       | ame of the limited liability company: SURFACES   | PCB L   | LC   |   |  |
|----------------------------|--|---|--|---|--|
| 2. (a)                     | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  | (   | (b)  |   |  |
|                            | 17500 PANAMA CITY BEACH PKWY   |   | 17500 F  | PANAMA CITY BEACH PKWY  |  |
|                            | PANAMA CITY BEACH, FL 32413  |   | PANAM  | MA CITY BEACH, FL 32413   |  |
|                            | 10/4/2013  |   | L130001  | 40466   |  |
| 3.                         | Date of filing/registration in Florida   | —<br>4.                                       |  | Document number   |  |
| 5. (a)                     |  |   |  |   |  |
| J. (u)                     | Registered Agent and Registered Office shown on the records o WHITNEY MALONEY  | f the Florid                                  | da Dept. of Sta  | te:   |  |
|                            | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |   |  | _<br>   |  |
|                            | 17500 PANAMA CITY BEACH PKWY   |   |  | ALLE SEC.   |  |
|                            | PANAMA CITY BEACH , F  | 32413   | 3  | FILE PARY OF ALLAHASSEE   |  |
| (b)                        |  |   |  | FOR PR  |  |
| (0)                        | Enter name of NEW Registered Agent and/or NEW Registere  | d Office a                                    | ddress:  | 2:58<br>STATE<br>FLORID   |  |
|                            | JOANN MALONEY  |   |  | OF CO   |  |
|                            | NEW Registered Office Address:   |   |  | _   |  |
|                            | SAME ADDRESS   |   |  | _   |  |
|                            | , F  | L   |  | ·   |  |
| the cha<br>agent was/w     | imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | aws of the regliability of the lin            | istered office<br>company, it is<br>mited liability          | te and the business office of the registered<br>is hereby confirmed that the change(s)<br>ty company or as otherwise provided in  |  |
|                            | Coan Maloxus   |   | DANN MAL   | • •   |  |
| Signa                      | tule of a member or authorized representative of a member  |   |  | Printed or typed name of signee   |  |
| provis<br>the ob<br>to mer | by accept the appointment as registered agent and age<br>tions of all statutes relative to the proper and complete<br>ligations of my position as registered agent as provide<br>ely reflect a change in the registered office address, I<br>d in writing of this change.        | ree to ac<br>e perforn<br>ed for in<br>hereby | ct in this cap<br>nance of my<br>Chapter 60,<br>confirm 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 |  |
| Signati                    | are of Registered Agent  |   |  |   |  |
|                            | Division of Corporations P.O.  |   |  |   |  |

**FILING FEE: \$25.00**