L13000/44063

(Requestor's Name)						
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(Cit	y/State/Zip/Phon	e #)				
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JUL 03 2014 T. CARTER

COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations		
SUBJE	MSB LAND ENTERPRISES, LLC	;	
		imited Liab	ility Company
Dear Si	ir or Madam:		
The end	closed Registered Agent/Registered Office Cha	ange and fe	e(s) are submitted for filing.
Please	return all correspondence concerning this matt	er to the fo	llowing:
Brand	lon D. Beardsley		
	Name of Person		
Mowre	ey, Shoemaker & Beardsley, P.L.		
	Firm/Company		•
2801	N. Third Street		
	Address		•
St. Au	ugustine, FL 32084		
	City/State and Zip Code		•
bbear	dsley@ancientcitylaw.com		
E	-mail address: (to be used for future annual rep	ort notifica	tion)
For furt	ther information concerning this matter, please	call:	
Brand		904	824-5711
	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	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314
	Enclosed is a check for the following amou	nt:	
	☑ \$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.

. (a)		(t)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	• `		Mailing address of limite (Note: MAY BE POS	-	
	2801 N. Third Street		2801 N.	Third Street		
	St. Augustine, FL 32084		St. Aug	ustine, FL 32084		
	Saptember 19th, 2013		L130001	44063		
-	Date of filing/registration in Florida	4.		Document number		
. (a)	Brandon D. Beardsley			_		
, ,	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Stat	de:		
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRES</u>	<u> </u>	_		ಪ
	2825 Lewis Speedway, Suite 107			_	14	AEC AEC
	St. Augustine	32084		_	<u> </u>	- 77
	, , , ,	'		_	8	
(b)	Enter name of NEW Registered Agent and/or NEW Registered			_	7	19.5
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	<u>dress</u> :		بب	
					25	ATE ATE
	NEW Registered Office Address:			_		
	2801 N. Third Street			_		
	St. Augustine , FL	32084				
the li	mited liability company is not organized under the la	ve of the	State of El	- orido it is boroby so	n films a d	that after
ne cha	nge or changes are made, the Florida street address of	f the regi	stered offic	e and the business of	ffice of t	he register
gent w /as/we	vill be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of	ability co	ompany, it i pited liabilit	is hereby confirmed	that the	change(s)
ne arti	cles of organization or the operating agreement of the	limited	liability con	npany.	ioi wise p	novided iii
			Fr	Andry D. Be	work	1
	ure of a member or authorized representative of a member		, , ,	Printed or typed name	of signee	
herel rovisi ne obli	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered affice address, I in writing of this change.	ree to ac perform d for in chereby c	t in this cap ance of my Chapter 60. onfirm that	pacity. I further agre duties, and I am fan 5, F.S. Or, if this do the limited liability	ze to con niliar wit cument t	nply with the th and acce is being file whee been

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