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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cir	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
DIVISION OF CORFORATIONS
ON THE SECRETARY OF STATE
OF CORFORATIONS

RA/RO/Ch8

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Emerald Seaside Properties LLC
Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Henneth Basille Name of Person
Emerald Seaside Properties LLC Firm/Company
132 Hightower Trail SteC
Sandy Springs GA 30350 Sity/State and ZinCode
documents@incorp.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Keri Laniado at 678, 201-2025 x 293
Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301
Enclosed is a check for the following amount:
☑ \$25 Filing Fee

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.

	Principal office address of limited liab (Note: MUST BE STREET AD 32 Hogh Towlor Tr and Sovingo, Gr			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
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	andu Springo, Gi		- 113	2 Hocktower Trail
	$A_1 M M M (N) $ ($M M M M M$	A 20200		dia Cominas GA 333
		1 5050	ODV	and springs, and an
03	/13/2014		L140000)42458
3.	Date of filing/registration in	Florida	4.	Document number
5. (a) NF	RAI SERVICES INC			_
` /	gistered Agent and Registered Office show	n on the records of the F	Florida Dept. of St	ate:
<u>12</u>	200 South Pine Island Road			
Re	gistered Office Address (MUST BE FL	ORIDA STREET ADD	ORESS)	·
_				_
Pi	lantation	, FL	33324	
b d	Name (Name) and 1 and			~2
10/	Corp Services, Inc. er name of <u>NEW Registered Agent</u> and/o	r NEW Registered Off		2015 HAF
Litto	or name or Approximation and a second	THE STATE OF THE S	tee days to ye	1015 MAR 20
17	7888 67th Court North			20 20
NE	EW Registered Office Address:			PX
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				R 20 PM 3: 00
<u>Lo</u>	oxahatchee	, FL	33470	_