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SECRETARY OF STATE TALL AHASSEE, FLORIDA

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K. SALY DEC 15 2016

COVER LETTER

TO:	Registration Section Division of Corporations				
SURT	SUBJECT: LOXAHATCHEE LOGGERHEADS LLC				
SCD ₀ .	Nam	Name of Limited Liability Company			
Dear S	Fir or Madam:				
The er	nclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning thi	is matter to the following:			
Donr	na Bertucci				
	Name of Person				
Corp	orate Direct, Inc				
	Firm/Company				
2248	Meridian Blvd. Suite H				
	, . Address				
Mind	en, NV 89423				
	City/State and Zip Code				
info@	@corporatedirect.com				
	E-mail address: (to be used for future ann	nual report notification)			
For fu	rther information concerning this matter,	, please call:			
Donr	na Bertucci	775 782-2201			
	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: 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			
INHS	18 (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.

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 9110 SE Riverfront Ter. UNIT J Jupiter, FL 33469 Oney, IL 62450 Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Gerri Detweiler Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1037 Greystone Lane Sarasota FL 34232 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 3030 N. Rocky Point Drive, STE 150A Tampa FL 33607 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered was of the dentical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change of super and complete performance of my duties, and a manifer a green to the proper and complete performance of my duties, and a manifer are green to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and a manifer are green to complete the performance of my duties, and and familiar with and accompance of the change of the schange of the schange of the change of the cha	1. Na	me of the limited liability company: LOXAHATCH	HEE LOGGE	RHEADS LLC
9110 SE Riverfront Ter. UNIT J PO BOX 310 Jupiter, FL 33469 Olney, IL 62450 07/27/2015 L15000127742 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Gerri Detweiler Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1037 Greystone Lane Sarasota FL 34232 FL 34232 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: REGISTERED AGENTS INC. NEW Registered Office Address: 3030 N. Rocky Point Drive, STE 150A Tampa FL 33607 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the register agent will be dientical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles programization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member of the limited liability company. Signature of a member or authorized representative of a member of the immited liability company. Printed or typed name of signe of the proper and complete performance of maturics, and an genetic complete with and accombined in Printing of this change. Signature of a member of authorized representative of a member of the limited liability company has been noulded in Printing of this change. Bill Halvre/Assistant Secretary				
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Signature of Registered Agent	L_		retary	

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