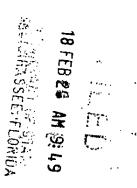
## 1500137677

Office Use Only



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FEB 2 7 2018 Y SULKER

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	Resorts Locksmith Services, LLC					
	Nan	ne of Limited L	iability Company			
Dear S	Sir or Madam:					
The en	nclosed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the	following:			
Simo	n Manyweathers					
	Name of Person	<del> </del>	<del>*****</del>			
Reso	orts Locksmith Services, LLC					
	Firm/Company					
1312	3 E EMERALD COAST PKWY Su	ite B #213				
	Address					
Inlet	Beach, Fl. 32461 (Used to be 324	13)				
	City/State and Zip Code					
resor	tslocksmithservices@gmail.com					
E	E-mail address: (to be used for future ann	ual report noti	ication)			
For fu	rther information concerning this matter,	please call:				
Simo	n Manyweathers	850	866-5434			
	Name of Person		Area Code & Daytime Telephone Number			
STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Re Di P.	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314			
Enclosed is a check for the following amount:						
	2 \$25 Filing Fee	<b>□</b> \$	55 Filing Fee & Certified Copy			
INHS1	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.

. Na	me of the limited liability company: Resorts Lock	smith S	Services,	LLC
(a)	13123 E EMERALD COAST PKWY	(	b)	,
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Suite B #213			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Inlet Beach, Fl. 32461			
	08/12/2015		L150001	137677
	Date of filing/registration in Florida	4.		Document number
(a)	Simon R Manyweathers			
(14)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Sta	ate:
	1803 MARTHA LANE			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>\$1</u>	<del>-</del>
	Lynn Haven , FL	32444		_
(b)	Michael Wellborn			A Company of the Comp
` '	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ldr <del>ess</del> :	16
	4942 US Hwy 98 West			FEB 2
	NEW Registered Office Address:			CONTR.
	Suite 16			₹ 7
	Santa Rosa Beach	32459	)	
e chargent was/we artic	mited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited limited authorized by an affirmative vote of the members of cles of organization or the operating agreement of the unre of a member or authorized representative of a member	ws of the the regi ability c of the lin- limited	e State of F stered offic ompany, it nited liabili liability co	ce and the business office of the registere is hereby confirmed that the change(s) ity company or as otherwise provided in

Signature of Registered Agent