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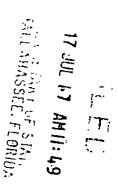
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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Destro Duing LC 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 matte	r to the following:						
Allena Riley Name of Person							
Cotton & Gates Attorneys Firm/Company	atlaw						
3 Plew Are Address							
Shalimar, FL 32579 City/State and Zip Code							
destintaving e amail. com E-mail address: (to-be used for future annual repo	ort notification)						
For further information concerning this matter, please	call:						
	850 737 - 1738						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS:	MAILING ADDRESS:						
Registration Section Division of Corporations	Registration Section Division of Corporations						
Clifton Building	P.O. Box 6327						
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314						
Enclosed is a check for the following amoun	Enclosed is a check for the following amount:						
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy						

INH\$18 (2/14)

STAYEMENT 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:	Destin	Towing L	LC		
2. (a)	112 Mountain Dr.		. (b)	2 Mounta	in Dr	
	Principal office address of limited liabil: (Note: MUST BE STREET ADD	• •		Mailing address of lin	•	-
	Destin FL 3250	71	<u>D</u> e	Stin Fl	_ 3254	11
				., .= .		
	8-17 15		1 15	001003	20	
3.	Date of filing/registration in Fl	orida	4.	Document number	cı '2	-
5. (a)	Cynthia Nicolog	onu los				
v. (u)	Registered Agent and Registered Office shown		e Florida Dept. of Sta	te:		
	105 Hugho St N	E		_		
	. — : <u> </u>	<u>RIDA STREET AD</u> · [a	<u>DDRESS)</u>			
	Fort Walton Beau	VI FL	00 - 40	_		
		, FL	32548	_	<i>3</i> 2, _ →	
(b)	Yvonne D Lead	h			17 J	
(0)	Enter name of NEW Registered Agent and/or I	NEW Registered O	ffice address;	_	JL ∔ HAS!	£10.4
	112 Mountain D) /			7 A SEE.	<u> </u>
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·		_	AM (R: 4) Of Sian E. Flori	-
				_	4.9 Arr	
	Nach		22561		•	
	DEMM	, FL	32541	_		
If the l	imited liability company is not organized ange or changes are made, the Florida str	d under the laws	of the State of Fl	lorida, it is hereby	confirmed that	after
agent '	will be identical. Or, in the case of a Flo ere authorized by an affirmative vote of	rida limited liab	ility company, it	is hereby confirme	ed that the chan	gc(s)
the art	icles of organization or the operating agr	eement of the li	mited liability co	mpany.	Micrwise provi	deu in
Signa	ture of a member or authorized representative of a	ı member	Yvonne	Printed or typed nan	ne of signee	
-	•		e to act in this cap		_	with the
provis the ob- to mer	by accept the appointment as registered ions of all statutes relative to the proper ligations of my position as registered ag ely reflect a change in the registered offi	and complete pe ent as provided ; ce address. I he	erformance of my för in Chapter 60 reby confirm that	duties, and Lam fo 5, F.S. Or, if this o the limited liabili	amiliar with an document is bei ty company has	d accept ing filed : been

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

notified in writing of this change.

Signature of Registered Agent