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SECRETARY OF STATE

K. SALY MAY - 9 2017

COVER LETTER

Division of Corporations								
SUBJECT: Destin Seafood Festival 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:								
Name of Person								
Destin Seafood Festival LUC Firm/Company								
3830 Indian Trail								
Oustin FL SJ54) City/State and Zip Code								
into a distinct food flot val, com E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Name of Person at (850) 428-7783 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 & Certified Copy								

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.

1.	Na	ame of the limited liability company: Destin Stat	-DOC	ter k	-Wall	<u> </u>
2.	(a)	3830 Indian Trail (6)	Po	Box	1298	
		Principal office address of limited liability company:	М	-	f limited liability	
		(Note: MUST BE STREET ADDRESS)	Λ.	(Note: MAY B)	E POST OFFIC	E BOX)
	•	DISHIM, FC 5254.1	TIKE	SHU,	46 5	<u> </u>
		<u> </u>				
		3/2/16		60000i	41187	
3.		Date of filing/registration in Florida 4.	- 1	Document nui	mber	
5.	(a)	Corporation Service Compan			·	
		Registered Agent and Registered Office shown on the records of the Florida Dept.	of/State:		•	
		1201 Hays Street				
	_	Registered Office Address MUST BE FLORIDA STREET ADDRESS)				
		lallahassu FL 32301				
		EI			Fos B	
		, FL		•	E E E	n
((b) .	Jan M Jons			SECRETAR)	
•		Enter name of NEW Registered Agent and/or NEW Registered Office address:			———	771
		2022 - 1			E P	-
		3830 Indian Ivail			S14	=
		NEW Registered Office Address:			REFE	<u></u>
		ISLSTIN, TL SUSTI			, P	
		,FL	 -			-
		imited liability company is not organized under the laws of the State				
		nge or changes are made, the Florida street address of the registered vill be identical. Or, in the case of a Florida limited liability compan				
was	/we	ere authorized by an affirmative vote of the members of the limited li	iability	company or a	as otherwise p	rovided in
the	artı	eles of organization or the operating agreement of the limited liability	ty comp	oany.	to 111	0
Si	onah	are of a member or authorized representative of a member	<u>m</u>	Printed or typed	name of signer	<u> </u>
I he	- ereb	by accept the appointment as registered agent and agree to act in thi	is canac	city. I further	r aoree to com	nlv with the
pro the	visio obli	ons of all statutes relative to the proper and complete performance of igations of my position as registered agent as provided for in Chapte ty reflect a change in the registered office address, I hereby confirm	of my di	uties, and I an	n familiar with	h and accept
to n	ere fied	Ny reflect a change in the registered office address, I hereby confirm Jin writing of this change.	n that th	e limited liab	ility company	has been
	,	LILLI KILLI				
Sign	atur	te of Registered Agent				