(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	is
Special Instructions to Filing Officer:	
Office Hee Only	



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November 2, 2017

SUSAN SALAMONE 6757 HWY 98 W STE 102 SANTA ROSA BEACH, FL 32459

SUBJECT: PRATT AYCOCK TITLE, LLC

Ref. Number: L16000047583

We have received your document for PRATT AYCOCK TITLE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 217A00022229

www.sunbiz.org

ļ. ļ	COVER LE	TTER	
TO: Registration Section Division of Corporations			
SUBJECT: Pratt Aycock Title, LLC			
'N a	ime of Limited Lia	bility Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	ffice Change and fe	ee(s) are submitted for filing.	
Please return all correspondence concerning	his matter to the fo	llowing:	
Susan Salamone, Esq.			
Name of Person	-	-	
Pratt Aycock Title, LLC			
Firm/Company		-	
6757 Highway 98 West, Suite 102			
Address		•	<u> वृ:</u>
Santa Rosa Beach, FL 32459			THON 28
City/State and Zip Code			e; Jes
ssalamone@prattaycock.com			£1 8:49
E-mail address: (to be used for future and	nual report notifica	tion)	543
For further information concerning this matter	please call:		•
Susan Salamone	850 at (359-1930	
Name of Person	. F	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, Florida 32314	
Enclosed is a check for the following	amount:		
□ \$25 Filing Fee	□ \$55 F	Filing Fee & Certified Copy	
previouily (upmitted \$35.00			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR EIMITED 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 Pratt Aycock Title LLC 1. Name of the limited liability company: 2. (a) (b) Principal office address of limited tiability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 6757 Hwy 98 West, Suite 102 same Santa Rosa Beach, FL 32459 March 4, 2016 L16000047583 3. Date of filing/registration in Florida Document number Resigned: Sheri Hundley 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Sheri Hundley Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 17 Shell Park B-1 Fort Walton Beach 32548 New Registered Agent: Susan Salamone Enter name of NEW Registered Agent and/or NEW Registered Office address: Susan Salamone **NEW** Registered Office Address:

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 agent will be identical. 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 of organization or the operating agreement of the limited liability company.

FL 32459

Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

6757 Highway 98 West Suite 102

Santa Rosa Beach

FILING FEE: \$25.00