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ORE TARY OF STATE ALLAHASSEE, FL

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DC

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Palm Drive Cottage	zes Vacation Rent
Name of Limited Light Dear Sir or Madam:	in the Company
The enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the f	
Christopha Moale Name of Person	_
Palm Drive Cottages Vacati Firm/Company	ion Rawals LLC
3218 Palm Drice	_
Address Vole Var Beach FL 3 City/State and Zip Code	3483
E-mail address: (to be used for future annual report notific	0 / COW_ ration)
For further information concerning this matter, please call:	
Lynsey Ruris at 561 Name of Person	Nca Code & Daytime Telephone Number
Registration Section Registration Section Registration Section Divide P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314

Enclosed is a check for the following amount:

☑ \$25 Filing Fee

Tallahassee, Florida 32301

☐ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Submits the following statement in Social 4 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		
1. Name of the limited liability company: Jally Wrine Cottage Vacation Run		
2. (a) 3218 Palm Drive (b) 3218 Palm Drive LLC		
Principal office address of limited liability company: Mailing address of limited liability company:		
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)		
Delvar Beach FL Works Beach FL.		
33483 / 33483		
3. \[\partial 28/16 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
5. (a) Christopler Moale		
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
3218 Palm Drive		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
- Velvay Beach		
FL 33483		
(b) Lynsey Kaven KnvTis Enter nation of NEW Registered Office address:		
Enter name of NEW Resistered Agent and/or NEW Registered Office address:		
7218 P / A 1.		
NEW Registered Office Address:		
Delva Beach		
Delvay Beach		
FI. 33483		
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. Signature of a member of authorized representative of a member Printed or typod 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		
Division of Corporations P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00		

INHS18 (2/14)