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7 SEP 28 M 7: 24

SEP 28 M 7: 24

D. SCOTT

COVER LETTER

SUBJECT: SHORE HARBOR 195 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:	
Kelli M Kova K Name of Person	
Shore Harbor 195 LLC Firm/Company	
2137 Harbor View Dr Address	
Dunedin, FL 34698 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	77
For further information concerning this matter, please call:	` ∏ ≟
Name of Person at (312) 933-2853 Area Code & Daytime Telephone Number	7: 24
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations Pivision of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

Tallahassee, Florida 32301

□ \$25 Filing Fee

Enclosed is a check for the following amount:

Registration Section

Division of Corporations

TO:

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. Nai	ne of the limited liability company: SHORE HARBOR 195 LLC
2. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 2137 Harbor View Dr. Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Dunedin, FL 34698 Dunedin, FL 34698
	7/22/2016
3.	Date of filing/registration in Florida 4. Document number
5. (a)	CATHERINE J MERRILL ESG.
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	7340 NW HIGHWAY 27
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	业106
	OCALA .FL 34482
	TOTAL STEED
(b)	KELLI M KOVAK
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	2137 HARBOR VIEW DR
	NEW Registered Office Address:
	DUNEDIN .FL 34698
	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered.
agent w	ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
	26s of greenization or the operating agreement of the limited liability company.
	JEFFREY A BECK Printed or typed name of signee
Siland	
I hereb provista tve obli to mere notifica	Saccept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the int of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address. I hereby confirm that the limited liability company has been in writing of this change.
Signatur	e of Registered Actor