## 470004546

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Statu	#S				
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## COVER LETTER

	egistration Section ivision of Corporations						
SUBJECT	Shell Point, LLC						
осыше	Name of Limited Liability Company						
Dear Sir o	or Madam:						
The enclos	sed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.					
Please retu	urn all correspondence concerning this	matter to the following:					
Shelly S	Spoonhour						
	Name of Person						
JTW Re	alty Holdings, LLC						
_	Firm/Company						
861 N. H	Hercules Ave						
	Address						
Clearwa	iter, FL						
	City/State and Zip Code						
sspoonh	nour@jtwalker.com						
E-ma	ail address: (to be used for future annua	l report notification)					
For furthe	r information concerning this matter, p	ease call:					
Shelly S	poonhour	727 461-0501 ext 1463					
	Name of Person	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					
E	nclosed is a check for the following a	mount;					
Ø	\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy					
INHS18 (2	/14)						

SEGRETARY OF STATE TALLAMASSEE FLORID

## 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.

i. Na	ime of the limited liability company: Shell Point, L	.LC			
2. (a)	861 N. Horculos Avenue		(b) 861 N. Hercules Ave.		
<b>2</b> . (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	Clearwater, FL 33765		Clearwa	ter, FL 33765	
	02/23/2017		L1700004	41546	
3.	Date of filing/registration in Florida	4.	<u> </u>	Document number	
5. (a)	Corporation Service Company				
J. (u)	Registered Agent and Registered Office shown on the records of 1201 Hays Street  Registered Office Address (MUST BE FLORIDA STREET)			TALLAHASSI TALLAHASSI	
	Tallahassee, FI	3230	1-2525	8 SEC	
(b)	Elizabeth P. Francis, Esq.  Enter name of NEW Registered Agent and/or NEW Registered  861 N. Hercules Ave	Office	nddress:	PHIC: 16	
	NEW Registered Office Address:		<u> </u>	-	
	Clearwater , FI	3376	5	-	
the cha agent v was/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the re lability of the le limite	gistered office company, it is imited liabilith d liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.	
	Bett Junes	<u>E</u>	lizabeth P.	Francis, Esq., Auth rep of member	
I here provisi the oblice to mero notified	two of a member of authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I diswriting of this change.	ree to a e perfor ed for it hereby	act in this cap mance of my n Chapter 60: confirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
•	Desire of Community of D.O.	D	27 - T-U-1-	EL 23214	