## L17000067340

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only

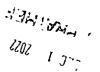


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## **COVER LETTER**

TO:	_	tration Section ion of Corporations							
SHRI	$\mathbf{F}\mathbf{C}\mathbf{T}$	Shelley Shores Beach Vacations L	.LC						
Name of Limited Liability Company									
Dear S	Sir or M	adam:							
The er	nclosed	Registered Agent/Registered Office Cha	inge and	fee(s) are submitted for filing.					
Please	return	all correspondence concerning this matte	er to the	following:					
Rich	nard L.	Shelley							
		Name of Person		<u> </u>					
She	elley S	hores Beach Vacations LLC							
		Firm/Company		<del></del>					
_506	<u> Avalo</u>	on Blvd							
		Address							
Mir	amar I	Beach, FL 32550							
		City/State and Zip Code							
rick	:@shel	leyshores.com							
	E-mail a	address: (to be used for future annual rep	ort notif	ication)					
For fu	rther in	formation concerning this matter, please	call:						
I	Richard	d L. Shelley at (	850	598-0462					
		Name of Person		Area Code & Daytime Telephone Number					
	Regi: Divis P.O.	ing Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following amount:									
<b>Ճ</b> \$25 Filing Fee				☐ \$55 Filing Fee & Certified Copy					

## 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.

l.	Na	me of the limited liability company:  Shelley Shore	s Beac	h Vacatio	ons LLC		
2.	(a) .	Shelley Shores Beach Vacations LLC  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (t	s) <u>Shell</u>	Shelley Shores Beach Vacations LLC  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
		506 Avalon Blvd	_	506 Avalon Blvd			
		Miramar Beach, FL 32550	_	Mirar	nar Beach, FL 325	550	
		3/24/2017	_		L17000067340		
3.		Date of filing/registration in Florida	4.		Document number	r	
5.	(a)	UNITED STATES CORPORATION AGEN	TS. IN	C.			
	()	Registered Agent and Registered Office shown on the records of the	he Florida	i Dept. of St	ate:		
		5575 SEMORAN BLVD					
		Registered Office Address (MUST BE FLORIDA STREET A	_				
		SUITE 36					
		ORLANDO .FL	328	22		20	
(ł	(b)	Richard L. Shelley				2022 AUG 31 P	
	,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:			
		Shelley Shores Beach Vacations LLC					
		NEW Registered Office Address:	<u>.</u>				
		506 Avalon Blvd				20	
		Miramar Beach , FL	325	50	_		
cha age wa	ange ent w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the less of the second cless	registere bility co f the lin	ed office a ompany, it iited liabil	and the business offic is hereby confirmed lity company or as of	ce of the registered I that the change(s)	
		May 1/2			Richard L. Shel	lley	
- 5	Signat	ure of a member or authorized representative of a member			Printed or typed name	e of signee	
pro the to no	ovisie obli mere tifico	by accept the appointment as registered agent and agre ins of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I'm writing of this change.	ee to act perform I for in C ereby co	in this ca ance of m Chapter 60 onfirm tha	pacity. I further agr y duties, and I am fa 05, F.S. Or, if this d at the limited liability	ee to comply with the miliar with and accept ocument is being filed company has been	