Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000183875 3)))



H180001838753ADC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tc:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273 : (904)398-3911 Phone : (904)396-0663 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC REGISTERED AGENT CHANGE SHORES DONUTS LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

90

Electronic Filing Menu Corporate Filing Menu

Help

SIMMONS W 2 1 2018

H18000183875

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 | me of the limited liability company: Shores Donut: | s LLC |
|--|---|---|
| | | (h) |
| S. (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 159 Yellow Bill Lane | 159 Yellow Bill Lane |
| | Ponte Vedra Beach, FL 32082 | |
| | April 4, 2017 | L17000073969 |
| 3. | April 4, 2017 Date of filing/registration in Florida | 4. Document number |
| 5. (a) | Registered Agent and Registered Office shown on the records of | C. D. I. Day Chan |
| | | |
| | Richard Q. Lewis, III | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | |
| | 100 Whetstone Place, Suite 200 | |
| | St. Augustine , F | TADDRESS) FL 32086 FL Office address: |
| | | e e |
| (b) | Enter name of NEW Registered Agent and/or NEW Registers | ed Office address: |
| | Ellen Avery-Smith | |
| | NEW Registered Office Address: | |
| | 100 Whetstone Place, Suite 200 | |
| | St. Augustine | FL_32086 |
| the ch agent was/w the art | limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member licles of organization or the operating agreement of the latter of a preinter or authorized representative of a member | laws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in the limited liability company. |
| nonjie (| Clin writing of this change Clin Lin Thield There of Registered Agent | |