

L17000106093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

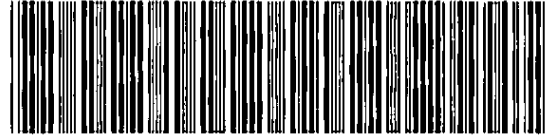
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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21 FEB 18 PM 2:11

2:11 PM 2:11

RH RCH

FEB 18 2021
ALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 672194 7532569

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : February 18, 2021

ORDER TIME : 12:54 PM

ORDER NO. : 672194-005

CUSTOMER NO: 7532569

CHANGE OF AGENT

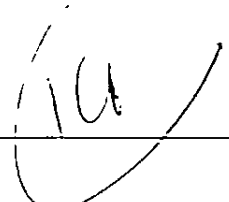
NAME: BELL-MER, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: East Bay-Alabama, 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:

Peter Barber

Name of Person

Arlington Family Offices

Firm/Company

2000 Morris Ave., Ste 1300

Address

Birmingham, AL 35203

City/State and Zip Code

pbarber@myafo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Barber

205 488-4311
at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, 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:

☐ \$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.

1. Name of the limited liability company: East Bay-Alabama, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

8629 Gulf Blvd, Unit 1602

Navarre Beach, FL 32566

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

8629 Gulf Blvd, Unit 1602

Navarre Beach, FL 32566

05/12/2017

L17000106093

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Billy L. Harbert, Jr.

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

8629 Gulf Blvd, Unit 1602

Navarre Beach, FL 32566

(b) _____

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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.

DocuSigned by:

Peter Barber

Signature _____ or authorized representative of a member

Peter Barber

Printed or typed 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.

Shirley E. Robinson

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00