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## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6283

From:

Account Name : C T CORPORATION SYSTEM

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

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## LLC REGISTERED AGENT CHANGE THOMPSON'S PANAMA CITY BEACH GETAWAYS, LLQ

Certificate of Status 0 Certified Copy 02 Page Count \$25.00 Estimated Charge

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MAY 0 3 2018

## 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.	Name of the limited liability company:  Thompson's Panama City Beach Getaways, LLC					
3.	(a)	Principal office address of limited liability company:  Mailing address of limited liability company:				
	(a) (b)	(Note: MUST BE STREET ADDRESS)		6501 Milpa Alta RD NE  131. Sio Francho NM 87144		
		6501 Milpa Alta RD NE				
		Rio Rancho NM 87144				
		02/12/2018				
3.		Date of filing/registration in Florida	4,		Document number	
5		Burg, Brandon				
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  22623 Panama City BeachPKWY				
		Registered Office Address (MUST BE FLORIDA STRE	ET ADDRE	<u>(3</u> ).	201	
		STE 5			2010 HAY	
		Panama City Beach	, FL 32408	3	AY-2	
		C T Corporation System  Entermana of NEW Registred Agent and/or NEW Registred				
		Enter name of NEW Registered Agent and/or NEW Register	ered Office a	ddress:		
		1200 South Pine Island Road				
		NEW Registered Office Address:				
		Plantation	, řl. 3332	4 :	<u></u>	
the ag wa the	e che ent v s/w e art	imited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the membricles of organization or the operating agreement of	e laws of the reged liability ors of the lifth the limited	ne State gis Fred compan mited li d liabilit	e of Florida, it is hereby confirmed that after d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.	
<u>``</u>	<u>کٹی</u> Signa	ture of a member or authorized representative of a member			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.						
S	gnati	Terrie Bates, Assistant	; Secretary	r		