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.

(((H24000013022 3)))



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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PYNE LAW GROUP Account Number : I20110000059 Phone : (850)215-9090 Fax Number : (850)215-9045

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

Email Address: laurapyne@pynelawgroup.com

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

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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: THOMPSON'S PANAMA CITY BEA	ACH GETAWA	YS. LLC
·		ability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the f	following:
Laura C. Pyne, Esq.		
Name of Person		
Pyne Law Group, P.A.		_
Firm/Company		
2309 Frankford Avenue		
Address		
Panama City, Florida 32405		_
City/State and Zip Code		_
laurapyne@pynelawgroup.com		
E-mail address: (to be used for future annu	al report notifi	cation)
For further information concerning this matter, p	olease call:	
Laura C. Pyne	at ( 850	y 215-9090
Name of Person		Area Code & Daytime Telephone Number
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee. FL 32314		2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following a	amount:	
■ \$25 Filing Fee	<b>□</b> \$5	55 Filing Fee & Certified Copy

## From:8502159045

## 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: THOMPSON'S	PANAMA	A CITY BEAC	CH GETAWAYS LLC	<del></del>
2.	(a)	8620 Preservation Drive	(	b) 8620 Pres	ervation Drive	
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability (Note: MAY BE POST OFF)	
		Panama City Beach, FL 32413		Panama Ci	ty Beach, FL 32413	
		2/12/2018		L180000388	302	
3.		Date of filing/registration in Florida	4.		Document number,	د ز ه آن
5.	(a)	C T CORPORATION SYSTEM				`3
		Registered Agent and Registered Office shown on the records of	of the Florid	la Dept. of State	<del>-</del> <b>!</b> :	
1200 SOUTH PINE ISLAND ROAD						-
		Registered Office Address (MUST BE FLORIDA STREET	T ADDRES	<u>:s)</u>	•	P 1
						<del></del>
				<del>-</del>	-	. 5
		PLANTATION , F	24 دود _ [		-	
		DVNE LAW CDOLID B A				
(b) PYNE LAW GROUP, P.A.  Enter name of NEW Registered Agent and/or NEW Registered Office address:						
		2309 FRANKFORD AVENUE				
		NEW Registered Office Address.			-	
					-	
		PANAMA CITY	т <sub>L</sub> 32405			
			<u> </u>		-	
If the	he li	mited liability company is not organized under the la or changes are made, the Florida street address of th	aws of th	e State of Flo	orida, it is hereby confirmed the business of the	d that after the
age	กโพ	ill be identical. Or, in the case of a Florida limited l	liability c	ompany, it is	s hereby confirmed that the	change(s)
was	/we	re authorized by an affirmative vote of the members eles of organization or the operating agreement of th	of the lit	nited liabilit Jiability com	y company or as otherwise	provided in
C		the solution of the operating agreement of the		eila K. Thomp		
$\frac{1}{S}$	ignat	ure of a member or authorized regresentative of a member			Printed or typed name of signe	e
I h	eret	y accept the appointment as registered agent and ag	gree to ac	t in this cape	icity. I further agree to co	mply with the
		one of all stabilize valuting to the proper and complet	o nortorn	17191 <i>CQ (</i> 11 391) (7	tutios and Lam Minillar w	uth and accent
10 1	nere	ons of an actual earlier of the proper and complex eventions of my position as registered agent as provide by reflect a charge in the registered office address, the Lift wround of this change.	l hereby d	onfirm that i	the limited liability compai	ny has been
7101	ب. م					
Sig	natur	e of Registored Agent				