## L18 000 171785

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





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08/07/19--01014--015 \*\*25.00

FILED

2018 AUG 16 P 4 24

SECRETARY OF STATE

T LEWIEUX



August 14, 2019

ALYSSA HAKENEWERT 111 PALM BAY BLVD PANAMA CITY, FL 32408

SUBJECT: ALYRIE SHORE LLC Ref. Number: L18000171785

We have received your document for ALYRIE SHORE LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Please have a memeber or authorized representative sign the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 719A00016723

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

Division of Corporations					
Alyrie Shore LLC					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Char	age and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	to the following:				
Alyssa Hakenewert					
Name of Person	<del></del>				
Firm/Company					
111 Palm Bay Blvd					
Address	<del></del>				
Panama City Beach FL 32408					
City/State and Zip Code	<del></del>				
alyssamh@knology.net					
E-mail address: (to be used for future annual report	rt notification)				
For further information concerning this matter, please c	all:				
Alyssa Hakenewert 85	50 819-0310				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
<b>☑</b> \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

## 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. N	ame of the limited liability company: Alyrie Shore	LLE			
2. (a)	111 Palm Bay Blvd	4	(b) 111 Palm Bay Blvd		
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Panama City Beach, FL 32408	<del></del>	Ranama	City Beach, FL 32408	
	07/17/2018	_	L18000 <b>1</b> 7	71785	
3.	Date of filing/registration in Florida	4.	<u> </u>	Document number	
5. (a)	United States Corporation Agents, Inc				
·	Registered Agent and Registered Office shown on the records of 5575 S Semoran Blvd, Suite 36	f the Floric	la Dept. of State	- e:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
				A. ~	
	Orlando, FI	32822	) -	2119 AUG SECRETALAHA	
(b)	Alyssa Hakenewert			SS = T	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	111 Palm Bay Blvd			E CONSTITUTE OF THE CONSTITUTE	
	NEW Registered Office Address:	-			
	Panama City Beach , FI	32408			
tne ena agent v was/we	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the reginability confithe limited	istered office ompany, it is nited liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in ipany.	
Signa	Signature of a member or authorized representative of a member		Printed or typed name of signee		
the obl to mere	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect alchange in the registered office address, I d'in writing of this change.	ree to ac perform d for in hereby c	t in this capa jance of my a Chapter 605 jonfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept . F.S. Or, if this document is being filed the limited liability company has been	
Signatu	re of Registered Agent				