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



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COVER LETTER

| TO: Registration Section Division of Corporations | * |
|--|---|
| SUBJECT: 140 North SI | noreview, LLC me of Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Of | fice Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning th | nis matter to the following: |
| Alisha Alfonso Name of Person | |
| HD1, LLC Firm/Company | |
| 1022 eWall Street Address | |
| Mt Pleasant, SC 29L City/State and Zip Code | H64 |
| E-mail address: (to be used for future and | nual report notification) |
| For further information concerning this matter | , please call: |
| Alisha Alfonsu Name of Person | at (843) 323-7136 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 | g amount: |
| \$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.

| I. Na | ame of the limited liability company: 140 North 5 | Shoreview, LLC |
|---|---|--|
| 2. (a) | Principal office address of limited liability company: | Mailing address of limited liability company: |
| | (Note: MUST BE STREET ADDRESS) | (Note: MAY BE POST OFFICE BOX) |
| | 140 N Shoreview Drive 1022 | 2 eWall Street |
| 1 | Panama City, FL 32404 Mt] | Pleasant, SC 29464 |
| 7 | | 000 276839 |
| 3. | | Document number |
| 5. (a) | Charles Young | _ |
| | Registered Agent and Registered Office shown on the records of the Florida Dept, of State | e: |
| | | - For P. |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | |
| | 190 GOVERNMENTAL CENTER, | JUN 26 |
| | Pensacola, FL 32502 | |
| (b) . | Scott Remington | 3 3 |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: | ي ۾ |
| | Scott Reministra | inger of |
| | NEW Registered Office Address: | • |
| | 125 East Intendencia Street | |
| | Pensacola FL 32502 | |
| he chan igent wi vas/wer | nited liability company is not organized under the laws of the State of Florge or changes are made, the Florida street address of the registered office ill be identical. Or, in the case of a Florida limited liability company, it is a fulfilled by an affirmative vote of the members of the limited liability company. | and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in |
| | Alisha A | Altonso, member/manager |
| • | re of a member or authorized representative of a member | Printed or typed name of signee |
| rovisio he oblig o merel otified | o accept the appointment as registered agent and agree to act in this capains of all statutes relative to the proper and complete performance of my a putions of my position as registered agent as provided for in Chapter 605, by reflect a chapge in the registered office address, I hereby confirm that the provided for increasing the confirmation of the chapter of the confirmation of the chapter | luties, and I am familiar with and accept F.S. Or, if this document is being filed |
| eiRiegrin€ | of Registered Agent | |
| | Division of Corporations • P.O. Box 6327 • Tallahass | sec, FL 32314 |

FILING FEE: \$25.00

INHS18 (2/14)