

L18000 290 340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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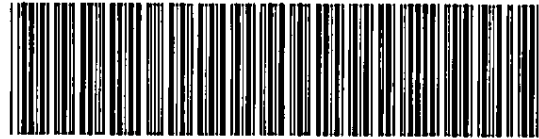
(Business Entity Name)

(Document Number)

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2020 JUL 29 AM 8:00

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JUL 29 2020

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHORELINE ESTATES, 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:

Kristopher M. Huston

Name of Person

SHORELINE ESTATES, LLC

Firm/Company

629 Riviera Drive

Address

Tampa, Florida 33606

City/State and Zip Code

krismhuston@gmail.com

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

For further information concerning this matter, please call:

Kristopher M. Huston

206

919-2218

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2020

KRIS HUSTON
629 RIVERA DR
TAMPA, FL 33606

SUBJECT: SHORELINE ESTATES, LLC
Ref. Number: L18000290340

We have received your document for SHORELINE ESTATES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The document is illegible and not acceptable for imaging.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 620A00011907

**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: SHORELINE ESTATES, LLC

2. (a) 629 Riviera Drive (b) 629 Riviera Drive

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Tampa FL 33606

Tampa, FL 33606

12/19/18

L18000290340

3. Date of filing/registration in Florida

4. Document number

5. (a) Megan Parker

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

545 Encarnacion Street

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Punta Gorda, FL 33983

(b) Kristopher M. Huston

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

629 Riviera Drive

NEW Registered Office Address:

Tampa, FL 33660

2020 JAN 28 AM 8:00

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.

[Signature]
Signature of a member or authorized representative of a member

Kristopher M. Huston

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.

[Signature]
Signature of Registered Agent