L19000030879

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(8	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
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Office Use Only



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Randrassarisa A

2028 III 15 PM 2:15

AUG _1 TO 3. PRATHER



November 30, 2022

THE SHOP AT 30A, LLC 14 COUNTRY CLUB DR SANTA ROSA BEACH, FL 32459

SUBJECT: THE SHOP AT 30A, LLC

Ref. Number: L19000030879

We have received your document for THE SHOP AT 30A, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6939.

Letter Number: 322A00026468

Stacy Prather Regulatory Specialist III

2023 MAY 26 PH 1: 01

COVER LETTER

TO: Registration Section Division of Corporations	- AUG 2 2 2022
SUBJECT: The Shop & 30A 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:	
Marle Blackenship Name of Person	
The Shop D3DA Firm/Company	
14 Country Club Pr	
Saxla Rosa Boach FL 32459 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: Charles Blackersh at (405), 499 64 Name of Person Area Code & Daytime	416 c Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallaTallahassee, FL 323142415 N. Monroe StTallahassee, FL 323	ations shassee creet, Suite 810
Enclosed is a check for the following amount:	

☐ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fcc

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.

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: 110 5hm @ 30 A
2. (a) 14 Country Clarb Dr (b) 14 Country Clarb Dr
Principal office addjess of limited liability company: (Note: MOST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Sanla Brosa Boach FL32459 Sanla Brosa Black FL
3. Date of filing/registration in Florida L1900030879 Document number
5. (a) McIntyne, James C.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
14 COUNTY Club Dr. Santa Rosa Black FL 32459 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Santa Rosa Beach FL 32459
(b) Charte Blanken Skip 14 Country Club Programs Enter name of NEW Registered Agent and/or NEW Registered Office address:
14 Country Club D
Senle Rosa Boxch
,FL 32459
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 of as otherwise provided in
the articles of organization or the operating agreement of the limited liability company
Signature of a member or authorized representative of a member Charle Danker Danker
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

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 F1LING FEE: \$25.00