119000142003

(Requestor's Name)	
(Address)	
(Addiess)	
(Äddress)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
<u>-</u> -	
Special Instructions to Filing Officer.	

Office Use Only



800340357688

02/07/20--01005--013 **25.00

2020 FEB -7 AM 10: 44

Rolchs

MAR 0 6 2020 I ALBRITTON

COVER LETTER

	egistration Section livision of Corporations						
	Shorefront Restorations, LLC						
SUBJEC	Т:	Name of Limited Liability Company					
Dear Sir o	or Madam:						
The enclo	sed Registered Agent/Registered	Office Change a	nd fee(s) are submitted for filing.				
Please ret	urn all correspondence concernin	ig this matter to the	be following:				
Melissa F	ławorth						
	Name of Person						
Shorefror	nt Restorations LLC						
	Firm/Company						
3712 E 3i	d St.						
	Address						
Panama (Jity, FL 32401	1	· ·-				
	City/State and Zip Co	de					
melissa@	shorefrontrestorations.com						
E-m	ail address: (to be used for future	annual report no	otification)				
For furthe	er information concerning this ma	itter, please call:					
Melissa F	laworth	469	658-2869				
		at ()				
	Name of Person		Area Code & Daytime Telephone Number				
N	lailing Address:		Street Address:				
	egistration Section		Registration Section				
	livision of Corporations		Division of Corporations				
P	.O. Box 6327		The Centre of Tallahassee				
Ţ	allahassee. FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
E	nclosed is a check for the follow	ving amount:					
-	\$25 Filing Fee		\$55 Filing Fee & Certified Copy				

' 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.

Name of the limited liability company: 3712 E 3rd St. Panama City,FL 32401			712 E 3rd St., Panama City,F1, 32401
Principal office address of limited lial (Note: MUST BE STREET A)	bility company: <u>DDRESS</u>)	(*/)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
05/27/19 ·		1.19	000142003
Date of filing/registration in Melissa Haworth	Florida	4.	Document number
Registered Agent and Registered Office show 800 PARKSIDE DR. SUITE #822	on the records of	f the Florida Dept.	of State:
Registered Office Address (MUST BE F)	LORIDA STREET	`ADDRESS)	
Panama City Beach	, F	32413 L	2020 FEB 2020 FEB
Melissa Haworth			
Enter name of NEW Registered Agent and/o	or <u>NEW Registere</u>	d Office address:	= E
3712 E 3rd St.			AHO: IF
NEW Registered Office Address:			
Panama City	. F	32401	
e or changes are made, the Florida stree will be identical—Or, in the case of a F	zed under the la et address of the Torida limited li of the members	iws of the State e registered off iability compar of the limited l	
nature of a member of authorized representative	of a member		Printed or typed name of signee
siòns of all statútés relative to the prope digations of my position as registered a	er and complete igent as provide	performance (ed for in Chapt	is capacity. I further agree to comply with it of my duties, and I am familiar with and acc er 605, F.S. Or, if this document is being fi
erely reflect a change in the registered of ied in kryjng of the change.	office address, I	hereby confirm	n that the limited liability company has t