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## COVER LETTER

TO: Registration Section Division of Corporations	
SHARK'S TOOTH DEVELOPMENT GROU	JP, LLC
Name of Lir	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
Garth D. Bonney, Esq.	
Name of Person	
BONNEY & ASSOCIATES, P.A.	
Firm/Company	
P.O. Box 737	1021 SEP -2 SECRETARY TALLAHA
Address	
Panama City, Florida 32402	
City/State and Zip Code	
sharkstoothdevelopmentgroupllc@gmail.com	En Cl
E-mail address: (to be used for future annual repor	rt notification)
For further information concerning this matter, please ca	all:
Edward Ammann 85	50 225-3005
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

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	me of the limited liability company: SHARK'S TOOTI	I DE	VE	LOPME	NT (	GROUP, LLC			
2. (a)	6504 Bridge Water Way, Unit #1102, Panama City Beach,	Fŀ,	(	ь) <u>6504</u>	Brid	ge Water Way, U	nit #1102,	Panama	ı City Bea
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)					Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	June 4, 2021	_		L21000	2605	511			
	Date of filing/registration in Florida	4.		•		Document num	ber		
(a)	DAVID ROCCO								
	Registered Agent and Registered Office shown on the records of t	he Flo	orid	a Dept. of	l'State	 e:			
	Registered Office Address (MUST BE FLORIDA STREET A	IDDR	ES.	<u>S)</u>		_			
	6504 Bridge Water Way, Unit 1102						رى ئىرى	202	
	Panama City Beach , FL	3240′	7			_	ALL:	21 SEI	5
(b)	EDWARD AMMANN					_	ARY MHAS	2-5	, 45 mm.
	Enter name of NEW Registered Agent and/or NEW Registered	Office	ead	ldress:		-	or stat	AM 8: 5	
	NEW Registered Office Address:					_	البيا	C)	
	6504 Bridge Water Way, Unit 1102					_			
	Panama City Beach, FL	32407	7	_		-			
ange ent w is/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cleans organization or the operating agreement of the l	regist bility f the l	tere co lim	ed office impany, sited liab	ance and it is oility	I the business of hereby confirm company or as	ffice of the	regist	ered
	at the same of the	E	EDV	WARD A	MM	IANN			
	are of a member or authorized representative of a member					Printed or typed na	~		<u></u>
e obli mere	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I have in yriting of this change.	e to c erfor for it ereby	act rma n C	in this cance of i Thapter Onfirm th	capa my d 605, hat ti	wity. I further a luties, and I am F.S. Or, if this he limited liabil	igree to co familiar w document ity compa	mply vith and t is bein my has	vith the d accept ng filed been
7									
gnatur	e of Registered Agent								