## 122000149399

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J. HORNE		
JUN - 4 2022		

Office Use Only



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2022 APR 18 PM 1: 35 SECRETARY OF STATE TALL AHASSEE, FLOWER

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Shore To Please  Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Amanda Eymard Name of Person	<del></del>			
Shore To please Firm/Company	<del></del>			
129 Durango Rd. Address	<del></del>			
Desta FV 32541  City/State and Zip Code	<del></del>			
Shoretoplease destine guail. com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Amanda Kynard at (C) Name of Person	170 ) 390-8159  Area Code & Daytime Telephone Number			
Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314   Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327	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			

THS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

l'ursuant 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.

		- Di	of 1 sorial
1. Na	ume of the limited liability company: Shore	76 Ple	as e
2. (a)	129 Durango Rd	_ (p) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	9 Durango Rd
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Destin FL32541		estin FL32541
2	3/28/22	L2	2000149399
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	United States Corporate Age	MT ING	
	Registered Agent and Registered Office shown on the records of the	he Florida Dept. of Sta	<del>-</del> te:
	Registered Office Address MUST BE FLORIDA STREET A	DDRESS	_
	5575 J. Jemoran Al		
	Ollando FL	32822	- -
(b)	Amanda Eymard	-	<b>!</b> <b>022 A!</b> SECRE
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	- 25 25 2 U
	129 Durango po		IR PH
	NEW Registered Office Address:		
	Destin PL 32541		D :: 35
	Destin FL	32541	
If the li	nited liability company is not organized under the lower	aftha Chara a CD	
change (	nited liability company is not organized under the laws or changes are made, the Florida street address of the n ill be identical. Or in the case of a Florida limited liab	of the State of Fig egistered office an	onda, it is hereby confirmed that after the
	re authorized by an affirmative vote of the members of les of organization or the operating agreement of the li		
	Charles Granes		
Signatu	ne of a member or authorized representative of a member		Printed or typed name of signer
ve oblig v merel vtified	y accept the appointment as registered agent and agree ins of all statutes relative to the proper and complete perations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.		<del>-</del>
gnature	of Registered Agent		