

622000246838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

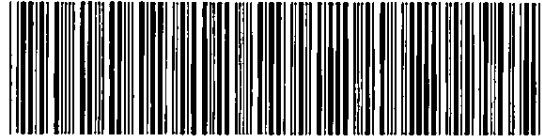
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TALLAHASSEE, FL 32304

2023 SEP 29 AM 9:34

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Shand Hayworth Group LLC  
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:

ShelleyHayworth  
Name of Person

Shand Hayworth Group LLC  
Firm/Company

254 Balboa St  
Address

Port St Joe/FL 32456  
City/State and Zip Code

shelley.hayworth@goosehead.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelley Hayworth at ( 850 ) 462-9091  
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

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2023 SEP 29 AM 9:34  
TALLAHASSEE, FL  
REGISTRATION SECTION

**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: Shand Hayworth Group LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

428 N Cove Blvd

254 Balboa St

Panama City FL 32401

Port St Joe, FL 32456

05/27/2022

L22000246838

3. 05/27/2022 Date of filing/registration in Florida 4. L22000246838 Document number

5. (a) Shelley Hayworth  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

438 N Cove Blvd Panama City FL 32401

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

438 N Cove Blvd

Panama City, FL 32401

(b) \_\_\_\_\_  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

11 Harrison Ave Unit A

Panama City, FL 32401

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 SECY  
 TALLAHASSEE, FLORIDA

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.

Shelley Hayworth  
 Signature of a member or authorized representative of a member

Shelley Hayworth  
 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 of Registered Agent