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(((H25000114840 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MOORHEAD LAW GROUP, PLLC

Account Number : I19990000132

(850)202-8522

Fax Number

: (850)477-0982

\*\*Enter the email address for this business entity to be used for future \_annual report mailings. Enter only one email address please.\*\*

Email Address: camerin@dixoninjuryattorney.com

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## LLC REGISTERED AGENT CHANGE CD EMERALD PROPERTIES, LLC

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
CD EMERALD PROPERTIES, LLC SUBJECT:	
	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:
Camerin J. Dixon	
Name of Person	
CD EMERALD PROPERTIES, LLC	
Firm/Company	
107 Speckied Trout Lane South	
Address	
Freeport, FL 32439	
City/State and Zip Code	
camerin@dixoninjuryattorney.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please of	call:
Camerin J. Dixon	850-778-1008
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	t:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

(H250001148403)

## 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. N	ame of the limited liability company: CD Emerald Prop	erties,	·
2. (a)	107 Speckled Trout Lane South		(b) 107 Speckled Trout Lane South
<b>-</b> . (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Freeport, FL 32439	<del>_</del>	Freeport, FL 32459
	02/21/2025	_	L25000078604
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Amelia H. Beard		
J. (G)	Registered Agent and Registered Office shown on the records of 6757 US 98 W, Suite 102		
	Registered Office Address (MUST BE FLORIDA STREET)	<u> 100ke</u>	KESSI
	Santa Rosa Beach , FL	32459	RESS)  59  Ce Address:
	Camerin J. Dixon		P. P.
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office	ce address:
	107 Speckled Trout Lane South		
	NEW Registered Office Address:		
			<del></del>
	Freeport , FL	32439	39
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	registe bility f the li	ry company, it is hereby confirmed that the change(s) elimited liability company or as otherwise provided in
		C	Camerin J. Dixon
I here provisi the obl to merc notified	by accept the appointment as registered agent and agre- tions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to a perfon I for in ereby	Printed or typed name of signee  a act in this capacity. I further agree to comply with the brimance of my duties, and I am familiar with and accept in Chapter 605, F.S. Or, if this document is being filed by confirm that the limited liability company has been

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