## 19900000803

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Na	me)
(Docu	ment Number	)
Certified Copies	Certificate	s of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



100304242521

19/19/17--01918--001 \*\*25.00

TILED WILL TO PHILE

D SCOTT 0CT 12 2017

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ					_	
	Name of Lin	nited	Liability Company			
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Office Char	ige ar	nd fee(s) are submitted for filing.			
Please	return all correspondence concerning this matter	r to th	ne following:			
Kevi	n D. Bowyer					
	Name of Person		<del></del>			
Warr	ren Averett					
	Firm/Company		<del></del> -			
3647	4 Emerald Coast Parkway Suite 3301					
	Address				1563	
Dest	in, FL 32541		, <u>.</u>	• • •	29 T T T T T T T T T T T T T T T T T T T	±
	City/State and Zip Code				10	1
	n.bowyer@warrenaverett.com		! 	^ 	J	; ; , }
	E-mail address: (to be used for future annual repo	ort no			<del>=</del>	
For fu	orther information concerning this matter, please of	call:	``	- :		
Kevi	n D. Bowyer 8	350	837-0398		_	
	Name of Person		Area Code & Daytime Telephone ?	Numb	er	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	<b>!</b> ! !	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Enclosed is a check for the following amoun	ıt:				
	☑ \$25 Filing Fee	0	\$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.

l.	Na	me of the limited liability company: NW Florida P	ropertie	es, LLC				
2	(a)	4737 Papaya Park	(b	(b) 4737 Papaya Park				
	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ ("		failing address of l		•	
		Destin, FL 32540	_	Destin, F	FL 32540			
		02/08/1999	_	L9900000	00803			
3.		Date of filing/registration in Florida	4.		Document num	ber		
5.	(a)	Kevin M. Helmich, P.A.						
	. ,	Registered Agent and Registered Office shown on the records of 4405 Commons Drive East	2:					
		Registered Office Address (MUST BE FLORIDA STREET A	_					
		Destin, FL	32541	<u>.</u>	-			
	(b)	Kevin D. Bowyer	_					
		Enter name of NEW Registered Agent and/or NEW Registered						
		36474 Emerald Coast Parkway			_	Tag.	227	
		NEW Registered Office Address:					Ĵ.	1.
		Suite 3301		<del></del>	_	Ĉ		ਨ ਦਸ਼ ਨਾ•ਵਜ਼ (
		Destin , FL	32541		-	<u> </u>	0 7 -	
th ag w	e cha gent v as/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi ability co of the lin	stered office ompany, it is nited liabilit	e and the busing s hereby confiri y company or a	ess office ned that	ce of the	registered ange(s)
_		lui O B			Kevin D. B	•		
	_	ture of a member or authorized representative of a member			Printed or typed			
I pr th to no	here rovis e obi mer otifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ree to ac perform d for in hereby c	t in this cap aance of my Chapter 603 confirm that	acity. I further duties, and I an 5, F.S. Or, if th the limited liab	agree i famili is docu ility co	to compl ar with ment is l mpany h	y with the and accept being filed as been
S	ignatt	re of Registered Agent						

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