

MO4 6000003793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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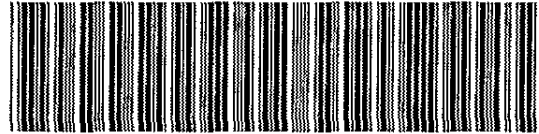
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EASTERN WESTIN EMERALD Coast, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elisa Mullins
(Name of Person)

Westin Group
(Firm/Company)

8945 Manchester Rd
(Address)

St Louis Mo 63144
(City/State and Zip Code)

For further information concerning this matter, please call:

Elisa Mullins at (314) 961 7600
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 608.416 or 608.508, 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.

- State: Joseph M Johnson III
Name
17 Fort Panic Rd
Address
SRB, Fla 32459
City, State and Zip

- Joseph M. Johnson, III
Name
5786 W. O. HWY 30-A
Florida street address (P.O. Box NOT acceptable)
SANTA ROSA BEACH FL 32459
City, State and Zip

(Signature of a member or authorized representative of a member)

(Signature of a member or authorized representative of a member)

Elisa M Mullins

(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 608, 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)

FILING FEE: \$25.00