M05000003861

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified CopiesCertificates of Status
Special Instructions to Filing Officer:

Office Use Only



500078613345

08/22/06--01021--025 **25.00

OF AUG 22 AHII: 15

D6 AUG 22 PM 1: 1:

COR	POR	ATE
A	CCE	SS, /
	INC	/=

"When you need ACCESS to the world"

	V	WALK IN
	PICK UP	P: 8/22/06 DEE 3
	CERTIFIED COPY	The same of the sa
V	PHOTOCOPY	amandmat ====================================
	CUS	
TM	FILINC	Statement of Change
	CORPORATE NAME AND DOCUME	and the second s
. ;	CORPORATE NAME AND DOCUME	ENT #)
	CORPORATE NAME AND DOCUME	ENT#)
-paint th		
	(CORPORATE, NAME AND DOCUM)	ENT#)
	(CORPORATE NAME AND DOCUM)	ENT#)
		ENT#)

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

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.

1. The name of the limited liabilit	y company is: SHORE E	ESTINATIONS LLC	
2. The mailing address of the limi	ted liability company is:	60 EAST SIMPSO	N AVENUE
JACKSON, WY 83001			
07/07/2005		M05000003861	
3. Date of filing/registration in Flo	orida	4. Document num	iber
5. The name of the registered agen Florida Department of State:	t and the registered office	address as shown o	
KARE	N MALLER Name		SECTION TO
	GRESS PLAZA STE Address TERSBURG, FL 337 City, State and Z	701	TALLAHASSEE, FLORI
6. The name and address of the nev	w registered agent and/or	office:	FLOG SIA
-	CORP INCORPORA Name ST 6TH AVE	TED	ALIE TE
	street address (P.O. Box	NOT acceptable)	
TALLA	HASSEE FL 323 City, State and Zip		:
If the limited liability company is a confirmed that after the change or cand the business office of the regist liability company, it is hereby confor the members of the finalted liability the operating agreement of the liability or the operating agreement of the liability of of the liabilit	changes are made, the Flotered agent will be identicized in the change (s) lity company or as otherwited liability company.	orida street address o	of the registered office
Signature of a member or authorized represer	ntative of a member)		
Printed or typed name of signee)	DEJE,		
I hereby accept the appointment as comply with the provisions of all st and I am familiar with and accept the Chapter 608, F.S. Or, if this document address, I hereby confirm that the l	s registered agent and ag atutes relative to the prof the obligations of my posi nent is being filed to mere imited liability company	ree to act in this cap per and complete per ition as registered as ely reflect a change i has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)	Denise Zollner		
2011			,

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