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**EXAMINER** 

10 FEB -3 AM 8: 07

SECRETARY OF STATE OF STATE OF CORPORATIONS



RPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE .:/

AUTHORIZATION

COST LIMIT :

ORDER DATE: January 29, 2010

ORDER TIME : 3:16 PM

ORDER NO. : 268849-051

CUSTOMER NO: 7593464

## CHANGE OF AGENT

NAME: TOPS'L DEVELOPMENT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Joyce Markley

EXAMINER'S INITIALS:

## 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.

I. Na	me of the limited liability company: TOPS'L DE	VELOPMENT, LLC
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	546 Mary Esther Cut-Off NW, Suites Fort Walton Beach, FL 32548
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
09/2	.6/2005	M05000005352
3: Da	te of filing/registration in Florida	4. Document number
5. (a	Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
	Registered Agent:	C T Corporation System
	Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address:  Corporation Service Company
NEW Registered Office Address:		1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS)		Tallahassee ,FL 32301
that all office hereby liabilit	limited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the cay confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of diability company.	address of the registered office and the business use of a Florida limited liability company it is
	ca Lozada, Authorized Person or typed name of signee)	
I here compl am fai F.S. C confir	by accept the appointment as registered agent and as with the provisions of all statutes relative to the proniliar with and accept the obligations of my position of this document is being filed to merely reflect a company has been notified proparation. Segvice Company	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.

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

INHS18 (05/08)