

M0800000 4872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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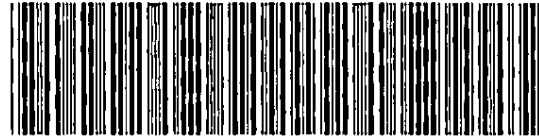
(Business Entity Name)

(Document Number)

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2019 JAN 24 A 11:04

FILED

JAN 28 2019  
T. LEMMON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CHANNELSIDE PLACE HOLDINGS 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:

AMBER LYNN COLEMAN, ESQ.

Name of Person

Firm/Company

424 LUNA BELLA LANE, SUITE 122

Address

NEW SMYRNA BEACH, FL 32168

City/State and Zip Code

ACOLEMAN@GEOSAM.CA

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AMBER LYNN COLEMAN, ESQ. at ( 386 ) 428-8448 EXT 109  
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

**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. Name of the limited liability company: CHANNELSIDE PLACE HOLDINGS LLC

2. (a) 912 CHANNELSIDE DR (b) 912 CHANNELSIDE DR

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

TAMPA, FL 33602

TAMPA, FL 33602

11/04/2008

M08000004872

3. Date of filing/registration in Florida

4. Document number

5. (a) STOWERS, JAMES A  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

424 LUNA BELLA LANE

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

STE 122

NEW SMYRNA BEACH, FL 32168

(b) AMBER LYNN COLEMAN, ESQ.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

424 LUNA BELLA LANE, SUITE 122

NEW Registered Office Address:

NEW SMYRNA BEACH, FL 32168

2019 JAN 24 A 11:04

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

David Shahinian  
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 605, 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]  
Signature of Registered Agent