## M11000005447

(Red	questor's Name)				
(Address)					
(Address)					
(City	y/State/Zip/Phone	<del></del>			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
	·				
:					





200287426312

07/06/16--01019--014 \*\*55.00

2016 JUL -6 A IO 56

TUN 07 2018 BRUCE

## COVER LETTER

	Registration Section Division of Corporations				
erre ve	Half Shell Oyster House Flo	rida, LLC			
SUBJECT: Name of Limited Liability Company					
Dear Sir	r or Madam:				
The enc	losed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for	filing.	
ricase r	eturn all correspondence concerning the	is matter to the	tonowing.		
Bob Ta	aylor				
	Name of Person		<u> </u>		
				*******	
	Firm/Company			2016 ALL	
	Thu Company				
12068	Intraplex Pkwy			20 M 30 M	
	Address				
Gulfpc	ort, MS 39503			08.55 <b>D</b>	
	City/State and Zip Code		_	5 b	
barb.d	luvall@gcrginc.com				
Ē-	mail address: (to be used for future ann	ual report notifi	ication)		
For furt	her information concerning this matter,	please call:			
Barbai	ra Duvali	228	701-0361		
	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	<b>☑</b> \$5	55 Filing Fee & Certified	Сору	
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.

1. Na	ame of the limited liability company: Half Shel	l Oyster House Florid	da, LLC
2. (a)		(b)	
()	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12068 Intraplex Pkwy	PO Box	6249
	Gulfport, MS 39503	Gulfport	t, MS 39506
	10/28/2011	M110000	005447
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Dino Mirando		
, (u)	Registered Agent and Registered Office shown on the recor	rds of the Florida Dept. of Stat	 ic:
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)	_
	6120 Glen Abbey Lane		_
	Bradenton	, FL 34202	2016 JALLU
	Enter name of NEW Registered Agent and/or NEW Regi	stered Office address:	ARY OF A
	NEW Registered Office Address:		^ 10 · 51
	17888 67th Court North		5 b
	Loxahatchee	_, <sub>FL</sub> 33470	_
he cha gent v vas/w	imited liability company is not organized under the street and or or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membricles of organization or the operating agreement of	ess of the registered offic ted liability company, it is bers of the limited liability	e and the business office of the register is hereby confirmed that the change(s) ty company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi he obl o mer notifie	by accept the appointment as registered agent an ions of all statutes relative to the proper and coming to the proper and coming the proper and coming the proper and coming the registered office address in writing of this change.  Jackie D  Te of Rogistered Agent	plete performance of my ovided for in Chapter 60. ss, I hereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and acces, F.S. Or, if this document is being file the limited liability company has been for Incorp Services, Inc.
	Division of Corporations• F	P.O. Box 6327• Tallaha NG FEE: \$25.00	ssee, FL 32314

INHS18 (2/14)