

N15000006975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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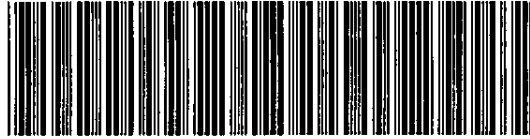
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 29, 2015

CATHY MCCLELLAN  
LONGLEAF OUT REACH & DEVELOPMENT INC  
1520 JENKS AVE., SUITE D  
PANAMA CITY, FL 32405

SUBJECT: LONGLEAF OUT REACH & DEVELOPMENT, INC.  
Ref. Number: N15000006975

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair  
Regulatory Specialist II

Letter Number: 915A00020579

*Amended  
See attached!*

RECEIVED  
15 OCT 16 AM 11:00

RECEIVED  
15 OCT 16 AM 7:27

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Longleaf Out Beach & Development  
Name of Corporation

**DOCUMENT NUMBER:** N15000006975

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cathy McClellan  
Name of Contact Person

Longleaf Out Beach & Development  
Firm/Company

1520 Jenks Ave Suite D  
Address

Panama City FL 32405  
City/State and Zip Code

Cathymcclellan@att.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DIAnna West at (850) 318 3052  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Longleaf Out Beach & Development
2. The principal office address: 1520 Jenks Ave Suite C  
Panama City, FL 32405
3. The mailing address (if different): PO Box 81300 Southport  
FLORIDA 32409
4. Date of incorporation/qualification: 7/15/15 Document number: N15000001975
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
~~Longleaf Out Beach & Development~~ Catherine M  
3501 W. Hwy 98 McClellan  
Panama City, FL 32401
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Catherine M  
~~Longleaf Out Beach & Development~~ McClellan  
1520 Jenks Ave Suite D  
Panama City FL 32405  
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]  
Signature of an officer or director

Catherine M McClellan  
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

9/15/15  
Date

If signing on behalf of an entity:

Catherine M McClellan  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*