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AUG 27 2015 T CANNON

COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation
POCLIMENT NUMBER. P98000045643

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:

Thomas Becnel Name of Contact Person Sandestin Investments, LLC Firm/Company 9300 Emerald Coast Pkwy W Address Destin, FL 32550 City/State and Zip Code kristincloud@sandestin.com

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

For further information concerning this matter, please call:

Kristin Cloud

Name of Contact Person

at (850) 267-8766

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, inge is submitted for a corporation organized under the laws of the r to change its registered office or registered agent, or both, in the	State of Florida
 The name of t The principal 	the corporation: The Club at Silver Shells, Inc. office address: 15000 Emerald Coast Pkwy, Destir	ı, FL 32541
3. The mailing a	ddress (if different):	
4. Date of incoη	poration/qualification: 05/18/1998 Document number:	P98000045643
	I street address of the current registered agent and registered office tment of State: (If resigned, enter resigned)	on file with the
·	Salvatori, Wood & Buckel	
	9132 Strada Place, Fourth Floor	SECR FALLA 15 AL
	Naples, FL 34108	FIL ETARN HASS JG 26
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or reg	PH 2: 32
	Dana C. Matthews	32 IIDA
	4475 Legendary Drive	
	P.O. Box NOT acceptable Destin, FL 32541	
The street addre	ess of its registered office and the street address of the business of be identical.	ffice of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors ne board, or the corporation has been notified in writing of the ch	or by an officer so ange.
A	mas Beane Thomas Becnel	
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered agent and agree to act in this cape to comply with the provisions of all statutes relative to the proper my duties, and I am familiar with and accept the obligation of mis document is being filed merely to reflect a change in the regist that the corporation has been notified in writing of this change.	acity. r and complete
Sig	nature of Registered Agend Date	
If signing on be	half of an entity:	
Т	yped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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