LD5 0000 68801

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
(Coommunity)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800345414768

06/11/20--01006--009 **25.00





JUL 02 2029 S. YOUNG

COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	_{CT:} 1071 BEECHWOOD BL	VD., L.L.(D.			
Name of Limited Liability Company						
Dear Sir	or Madam:					
The encl	osed Registered Agent/Registered Offic	ce Change and	d fee(s) are submitted for filing.			
Please re	turn all correspondence concerning this	s matter to the	e following:			
Samu	el Silverman					
	Name of Person					
1071 I	BEECHWOOD BLVD., L.L.C). 	<u></u>			
	Firm/Company					
2700	Donald Ross Road, Unit 40	14				
	Address					
Palm	Beach Gardens, Florida 334	10				
_	City/State and Zip Code					
samsi	ilverman@gmail.com					
E-m	nail address: (to be used for future annu	al report noti	fication)			
For furth	er information concerning this matter. p	olease call:				
Samuel	B. Silverman	_ at (561	3865356			
	Name of Person	_ \	Area Code & Daytime Telephone Number			
В П С 2	Registration Section Division of Corporations Clifton Building 1661 Executive Center Circle Callahassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314			
F	Enclosed is a check for the following amount:					
<u> 5</u>	2 \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy			

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: 1071 BEE	CHWOOL	D BLVD., L.L.C.
2. (a)	125 Worth Avenue	(b) 12	25 Worth Avenue
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 318	Su	uite 318
	Palm Beach, FL 33480	Pa	ılm Beach, FL 33480
	July 13, 2005	L05	5000068801
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Thomas N. Silverman		
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	. of State:
	125 Worth Avenue		
	Registered Office Address (MUST BE FLORIDA STREET		
	Suite 318		262 0
	Palm Beach . FI	_33480	2020 JUL 1
4.5	Registered Agents Inc.		
(b)	Enter name of NEW Registered Agent and/or NEW Registered		
	7901 4th St N		7: 05
	NEW Registered Office Address:		
	STE 300	<u>-</u> _	
	St. Petersburg	33702	
the cha agent w was/we	imited liability company is not organized under the launge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the registered ability compar of the limited 1	d office and the business office of the register ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	my	Samuel 8	B. Silverman
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obli to mere notifjed	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change. Bill Havre - Assistan	nertormance .	of my duties, and I can familian with and acco
Signatur	re of Registered Apont		

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