Electronic Filing Cover Sheet

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(((1119000040438.3)))



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Division of Corporations

Fax Number : (350) 617 6383

From:

Account Name : INCORF SERVICES INC

Addount Number : 120120000007 Phone

: (702)866-2500

Fax Number

: (702)366 2689

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_documents@incorp.com

## LLC REGISTERED AGENT CHANGE 143 SOUTH BEACH ROAD, LLC

Certificate of Status	0
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T. CLINE FEB - 5 2019 EXAMINER

Electronic Filing Menu Corporate Filing Menu

Help

From: GFI FaxMaker

TO:

To: 8506176383

Page: 2/3

Date: 2/4/2019 10:34:28 AM

### H190000404383

#### **COVER LETTER**

TO:	Registration Section Division of Corporations		
eim i	rem. 14	143 South Beach Road, LLC	
SUBJ		ame of Limited Liability Company	
Dear S	Sir or Madam:		
The e	nclosed Registered Agent/Registered Of	Office Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning t	this matter to the following:	
	·		
	Name of Person		
	InCorp Services, Inc.		
	Firm/Company	<u> </u>	. 2
	Address	ASS	1 - L
	Las Vegas, NV 89169-60	[[주 [변호] 기4	<u> </u>
	City/State and Zip Code	OR S	7:2
	documents@incorp.com	m Ž	Ċ
	E-mail address: (to be used for future ar	annual report notification)	
For fi	irther information concerning this matte	or, please call:	
Jen	nifer Sharp on behalf of InCorp Services	s, Inc. at ( 800 ) 246-2677	
	Name of Person	Area Code & Daytime Telephone Nu	nber
	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	ing amount:	
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
INHS	18 (2/14)		
		H190000404383	

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From: GFI FaxMaker

To: 8506176383

Page: 3/3

Date: 2/4/2019 10:34:28 AM

#### H190000404383

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LUMBTED LIABILITY COMPANY

Pursuont to the provisions of sections 605.0114 or 605.0116, Florida Stautes, 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.

	Principal office address of limited liability company: (Note: MUST RE STREST ADDRESS)	(0/		ress of limited liability of		_
	209 Battery Street			T/D		
	Burlington, VT 05402					
	05/24/2016	L16	000100587			
	Date of filing/registration in Florida	4.	Documen	nt number		
(a)	C T Corporation System					
` ,	Registered Agent and Registered Office shown on the records of	the Florida Dept	of State:	<u> </u>	201	
	1200 South Pine Island Road				-Ti	
	Registered Office Address AUST BE FLORIDA STREET	ADDRESS1		LAHASSI	FE8 -4	
	Plantation!	33324	 1 	me.	<u>≥</u>	j
				, F. S.	AM II:	$\overline{C}$
(b)	InCorp Services, Inc.  Enter name of NEW Registered Agent und/or NEW Registerer			출작	: 2	-
(0)	Enter time of the W. Adelstores Agent misses (1877, Adelstore)	Office Roofins		***	S	
(0)	17898 67th Court North  NEW Registered Office Address: Loxalhatchee, Ft. 33470	Olice Rout (3)		÷-	O,	
	17888 67th Court North  NEW Registered Office Address:  Loxahatchee, Ft. 33470			· ·	O1	
the line char ent was/we	17888 67th Court North  NEW Registered Office Address:  Loxalhatchee, Ft. 33470	33470 ws of the Stat f the registere lability compa	e of Florida, it is doffice and the large, it is hereby compan	business office of the confirmed that the c	tinut after he register change(s)	
the line chargent was/we write	17888 67th Court North  NEW Registered Office Address:  Loxahatchee, FL 33470  Loxahatchee FI mited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited ling authorized by an affirmative vote of the members	33470 ws of the Stat f the registere lability compa	e of Florida, it is d office and the i uny, it is hereby o liability compan- ity company.	business office of the confirmed that the c	tinut after he register change(s)	
the line charter was five the line charter was five the control of	17888 67th Court North  NEW Registered Office Address:  Loxahatchee, FL 33470  Loxahatchee  Inited liability company is not organized under the lange or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members also of organization or the operating agreement of the	ws of the Stat I the registere iability compa of the limited limited liabil Austin L	e of Florida, it is d office and the luny, it is hereby companity companity company.  D Hart  Printed or	business office of the confirmed that the confirmed that the confirmed that the confirmed of a signed confirmed to confirmed the confirmed to confirmed the confirmed to confirmed that the confirmed that t	that after he register thange(s) rovided in	l hu
the line charter was we carried to the charter	17888 67th Court North  NEW Registered Office Address:  Loxahatchee, FL 33470  Loxahatchee, FL 33470  Loxahatchee  Inited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members also of organization or the operating agreement of the case of a member or multichard representative of a member of the case of all statutes relative to the proper and complete in the registered agent as providing afforms of my position as registered office address, I	ws of the State of the registere iability compared the limited	e of Florida, it is d office and the itay, it is hereby of liability company.  O Hart  Printed or his corposity: I for off my daties, and the limited or that the limited or that the limited.	business office of the confirmed that the confirmed that the confirmed that the confirmed of a signed confirmed to confirmed the confirmed to confirmed the confirmed to confirmed that the confirmed that t	that after he register thange(s) rovided in	l uh

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