

(Requestor's Name)	_					
(Address)	_					
(Address)						
(Addiess)						
	_					
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(
(Document Number)						
Certified Copies Certificates of Status	_					
Consideration to Filips Officer	٦					
Special Instructions to Filing Officer:						
	١					
	I					
•						
	١					

Office Use Only



900298968509

07/16/17--610/3- 023 **35.60



K. SALY JUL 13 2013



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: July 6, 2017

Order#: 711011/006

Re: BEACH VIEW PROPERTIES LIMITED PARTNERSHIP

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Grace Kirby

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. B	EACH VIEW PROPERTIE	S LIMITED F	PARTNERSH	<u>IP</u>
N	ame of Limited Partnership or Lim	ited Liability Li	mited Partnership	
2.	04/24/2000	3.	A000000682	
Date of filing/registration in Florida			Florida document number	
4. The name of the r Department of State:	registered agent and the registered o	office address as	shown on the rec	ords of the Florida
	Lexis Document	Services, In	C	
	Nam	ie		
	1201 Hay	s Street		
	Addro	ess		
	Tallahassee	F۱	32301	7.0
	City, State	and Zip		
5. The name and Flo	orida street address of the new regis	stered agent and/	or office:	2011 JUL 10 PH 2: 50
	Corporation Serv	ice Compan	у	SST O
	Nam	e		空 子
1201 Hays Street				70. 13
	Florida street address (P.C). Box not accep	tahle)	750 Raio Raio
	Tallahassee	FL	32301	••
	City, State	and Zip		
б. Such change(s) is/	are effective when filed by the Flo	rida Department	of State.	
Signature of General	Pariner Pariner			ew Properties, Inc. President
comply with the prov. and I am familiar wit	ppointment as registered agent and isions of all statutes relative to the han accept the obligations of my pon Service Company	l agree to act in . proper and com	this capacity. I fu plete performance	rther agree to
Signature of Register	ed Agent wson, Asst. Vice Presiden	t		
Kilina Koo	\$35.00			

Certified Copy (optional): \$52.50