

| (Requestor's Name) | | | | |
|---|-----------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| (50 | ountent Humbery | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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July 10, 2017

PRISCILLA HAYES 9909 BEACH BLVD JACKSONVILLE, FL 32246

SUBJECT: BEACHSIDE RIDE CORP OF FL

Ref. Number: F17000002148

We have received your document for BEACHSIDE RIDE CORP OF FL and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is no provision for a foreign corporation to file an amendment to change officers and/or directors its first year of qualification. Please submit an Affidavit signed by an officer or director listing the titles, names, and addresses of the officers and/or directors. After the first year of qualification, changes can be made on the corporation annual report or an amended annual report. The initial annual report is due from January 1 to May 1 of the year following the date of incorporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 417A00013857

www.sunbiz.org

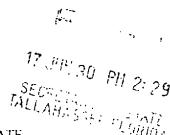
COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPOR | ATION: Beachside Ride Co | rp of FL | |
|---------------------------|--|--|--|
| DOCUMENT NUMB | ER: F1700002148 | | <u></u> |
| | f Amendment and fee are su | bmitted for filing. | |
| Please return all corresp | condence concerning this ma | tter to the following: | |
| ! | Priscilla Hayes | | |
| _ | _ | Name of Contact Persor | 1 |
| ı | Beachside Ride Corp of FL | | |
| - | | Firm/ Company | |
| | 9909 Beach Blvd | | <u>, </u> |
| - | Address | | |
| | Jacksonville, FL 32246 | | |
| - | | City/ State and Zip Code | e |
| beachs | siderideautosales@gmail.con | 1 | |
| | E-mail address: (to be us | sed for future annual report | notification) |
| For further information | concerning this matter, pleas | se call: | |
| Priscilla Hayes | | at (<u>904</u> | de & Daytime Telephone Number |
| Name o | f Contact Person | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | irtment of State: |
| S35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Ame Divis P.O. | ing Address Indment Section Island of Corporations Box 6327 Island of Factor of Corporations Indicate of Corporation Indicate I | Amend Divisio Clifton | Address Iment Section on of Corporations Building Executive Center Circle |

Tallahassee, FL 32301





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only during the first calendar year of qualification)

| (Note: Applicable only during the hist ca | ichdut ten of daniffeation) |
|---|--|
| 1. The name of the foreign corporation as it appears on the | e records of the Florida Department of State is: |
| BEACHSIDE RIDE CON | of FL |
| Indiana in Florida | In an 5/10/17 and its Florida document |
| 2. This entity was authorized to transact business in Florid | |
| number is <u>F1760CCO2148</u> | _ |
| 3. This corporation was formed under the laws of DE | |
| 4. The name and address of each officer and/or director is | as follows: |
| Title: | Name and Address |
| DIFECTOR | DIEGO ANTONIO |
| | SANTIAGO AYUB 113 Barksdale Professional Center |
| | 113 Barksdale Professional Center |
| | NEWARK DE 19711 |
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| 1 4.222 | Contra carri |
| (Aunch additional pages | ii necessary) |
|) scart for ton | Title of person signing |
| Signatur aran relicer or director | • |
| Typed or printed name of person signing Name of person signing | FILING FEE \$35 vaible to Florida Department of State and Mail to: |
| * 1 to be checkens | capie to biolog (repailment of place more orall to |

Make checks payable to Florida Department of State and Mail to: Division of Corporations PO Box 6327 Tallahassee, FL 32314

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