AMENDED
LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (URB)

FILED
09-15-2002 90091 009 ****50.00
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L00000009368

1. Entity Name

BEACON OFFICE ASSOCIATES, LLC

DO NOT WRITE IN THIS SPACE

12/26 DO NOT WRITE IN THIS SPACE MJM

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
2442 Metrocentre Blvd.	2442 Metrocentre Blvd.	65-1029438	Applied For / Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL		
Zip 33407 Country USA	Zip 33407 Country USA	5. Certificate of Status Desired ☐	$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: White, John II

Street Address (P.O. Box Number is Not Acceptable): 1645 Palm Beach Lakes Blvd., Suite 1200

City: West Palm Beach FL Zip Code: 33401

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE

(Signature, typed or printed name of registered agent and title if applicable. Date: Registered Agent signature required when reinstating.)

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MEMBERS

TITLE MGR NAME Asset Specialist, Inc. STREET ADDRESS Thomas R. Gibson, President CITY-ST-ZIP 2442 Metrocentre Blvd. West Palm Beach, FL 33407	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE John White II, Authorized Representative September 9, 2002 561-686-3307

SIGNATURE AND TYPED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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