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(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)	11/02/1501019008 **25.00			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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	J SHIVERS			

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: M.H. BEAL, L	L.C.		•	
2. (a)	916 BEAL PKWY NW	(b)	(b) 916 BEAL PKWY NW		
_ (.,	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	(-)	-	imited liability company: POST OFFICE BOX)	
	FORT WALTON BEACH, FL		FORT WALTON BEA	CH, FL	
	32547		32547		
		L	01000007886		
3.	Date of filing/registration in Florida	4.	Document num	ber	
5. (a)	TARA HARRISON				
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida I	Pept. of State:		
	1188 CATHRIDGE TRACE			T	
	Registered Office Address (MUST BE FLORIDA STREET		SEC		
	FORT WALTON BEACH			AR B	
	FI	32547		ASS Water	
	, FI				
(b)					
	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	ess:	S S S	
	1188 CATHRIDGE TRACE				
	NEW Registered Office Address:				
	FORT WALTON BEACH				
	. FI	32547			
If the 1	imited liability company is not organized under the la		tata of Elorido, it is horob	u confirmed that offer	
the cha agent v	will be dentical. Or, in the case of a Florida limited limited li ere autorized by an affirmative vote of the members of	f the regist ability con	ered office and the busine pany, it is hereby confirm	ss office of the registered ned that the change(s)	
the arti	icles of organization of the operating agreement of the	e limited lia	bility company.		
	1 WATANOW	, TAR	AHARRISON		
0	ture of a member or authorized representative of a member		Printed or typed n	5	
provisi the obl to mer	by append the appointment as registered agent and agains of all statutes relative to the proper and complete lightions of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change	ree to act t e performat ed for in Cl hereby coi	n this capacity. I further nee of my duties, and I am hapter 605, F.S. Or, if thi firm that the limited liabi	agree to comply with the Jamiliar with and accept s document is being filed lity company has been	
Signatu	irc of Registered Agent				

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

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