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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: BEACH AND MOUNTA	d Liability Company
Name of Emilies	That they company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
JAMES A. BERTHY Name of Person	<u> </u>
Firm/Company	
3062 SANDPIDER DAY Address	Circle, K-306
Address	
MAPLES FLULIS A City/State and Zip Code	ا الله الله الله الله الله الله الله ال
City/State and Zip Code	2: Q
FOXTROT 48 @ ComCAST.  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, ple	oon calls
Track A. BEATON	239, 530-7584
Name of Person	Area Code & Daytime Telephone Number
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 amo	ount:
🖫 \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS 18 (5/08) A PLEASE WE	EMAIC DUE TO DEAFNESS /

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

Pursuant to the provisions of sections 608.416 or 608.508, 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.

Name of the limited liability company:	BEACH A	MUNTAIN ON	REDITY, LC
2. (a) Principal office address of limited liab (Note: MUST BE STREET ADDR.	bility company:_	48 MENALIS	T CLECK 339Y)
(b) Mailing address of limited liability co	ompany:	UP MED ALI BOTONDA	IT CIRCLE WEST, FC 3394)
6/12/2002	_	LO 200001	4728
3. Date of filing/registration in Florida	4.	Document number	
5. (a) Registered Agent and Registered Off	ice shown on the	e records of the Florid	a Dept. of State:
Registered Agent:	_	BERTAN, U	
Registered Office Address:		3062 S#n	spiper Bay Crade  R-306  23442
(b) Enter name of <u>NEW Registered Age</u> <u>NEW Registered Agent</u> :	ent and/or NEW	1	a trade
NEW Registered Office Address:  (MUST BE FLORIDA STREET AD	ODRESS)	3062 SAND,	o, pho Bay Crade FK-306
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agen liability company, it is hereby confirmed that the members of the limited liability company the operating agreement of the limited liability company the l	re made, the Flor at will be identicated the change(s) we for as otherwise ty company.	rida street address of ti	he registered office
Printed or typed name of signee	<del></del>		
I hereby accept the appointment as registere comply with the provisions of all statutes rela and I am familiar with and accept the obligate Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liab	ed agent and agr ative to the prop tions of my posit ing filed to mere bility company h	ree to act in this capac er and complete perfo tion as registered ages ly reflect a change in ias been notified in wr	ity. I further agree to rmance of my duties, at as provided for in the registered office iting of this change.
Signature of Registered Agent			

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