

L03 00000 3443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

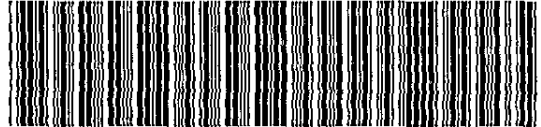
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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BEACHSIDE PLAZA, LLC
(Name of corporation)

DOCUMENT NUMBER: L 0300000 3443

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEFFREY J. SNEED
(Name of person)

FAKIN, SNEED & CATALAN, P.A.
(Name of firm/company)

599 ATLANTIC BLVD. #4
(Address)

ATLANTIC BEACH, FL 32233
(City/state and zip code)

For further information concerning this matter, please call:

PATRICIA CLELAND at (904) 246-5548
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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SECRETARY OF PLATE
TALLAHASSEE, FLORIDA

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**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.

1. The name of the limited liability company is: Beachside Plaza, LLC
2. The mailing address of the limited liability company is : 1103 S. Third Street
P.O. Box 50115, Jacksonville Beach, FL 32233
- 1/29/2003 603000003443
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Christopher McDonald
Name
865 Ocean Blvd.
Address
Atlantic Beach FL 32233
City, State and Zip

6. The name and address of the new registered agent and/or office:

Jeffrey J. Sneed
Name
599 Atlantic Blvd. #4
Florida street address (P.O. Box NOT acceptable)
Atlantic Beach FL 32233
City, State and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

Patricia Cleland, President
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314