

L04 0000 21436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

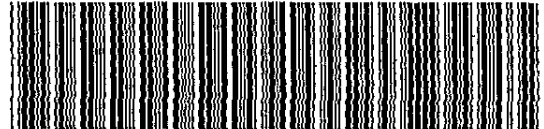
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/01/05

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Beck Developing Group, LLC
(Name of Corporation)

DOCUMENT NUMBER: 204000021436

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:

STAN BECK
(Name of Contact Person)

BECK DEVELOPING GROUP, LLC
(Firm/Company)

727 LAKE SHORE DR.
(Address)

DELRAY BEACH FL 33444
(City/State and Zip Code)

For further information concerning this matter, please call:

STAN BECK at (561) 504 7049
(Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 24, 2005

STAN BECK
727 LAKE SHORE DR.
DELRAY BEACH, FL 33444

SUBJECT: BECK DEVELOPING GROUP LLC
Ref. Number: L04000021436

We have received your document for BECK DEVELOPING GROUP LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 505A00064406

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TALLAHASSEE, FLORIDA

**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: BECK DEVELOPING GROUP, LLC
2. The mailing address of the limited liability company is: 727 LAKE SHORE DR.
DELRAY BEACH, FL 33444
3. Date of filing/registration in Florida: 3/19/04
4. Document number: 604000021436
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

STANLEY BECK
Name
3543 S. OCEAN BLVD ST.
Address
SOUTH PALM BEACH, FL 33480
City, State and Zip

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

STANLEY BECK
Name
727 LAKESHORE DR.
Florida street address (P.O. Box NOT acceptable)
DELRAY BEACH FL 33444
City, State and Zip

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 of a member or authorized representative of a member)

STANLEY BECK
(Printed or typed name of signer)

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 of Registered Agent)

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

INHS18 (8/05)

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