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C. LEWIS

APR 6 2010

EXAMINER

COVER LETTER

Division of Corporations BEACH VIEW INVESTMENTS, LLC SUBJECT: Name of Limited Liability 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 matter to the following: Cynthia L. Medley Name of Person Husch Blackwell Sanders LLP Firm/Company 190 Carondelet Plaza, Suite 600 Address St. Louis, MO 63105 City/State and Zip Code cindy.medley@huschblackwell.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cindy Medley Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ✓ \$25 Filing Fee \$55 Filing Fee & Certified Copy

TO:

Registration Section

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. Name of the limited liability company:	BEACH VIEW INVESTMENTS, LLC
2. (a) Principal office address of limited liability c	ompany:
(Note: MUST BE STREET ADDRESS)	125 Village Beach Road West Santa Rosa Beach, FL 32459
(b) Mailing address of limited liability company	/:
(Note: MAY BE POST OFFICE BOX)	125 Village Beach Road West Santa Rosa Beach, FL 32459
5/11/2004	L04000035764
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	own on the records of the Florida Dept of State:
Registered Agent:	C T CORPORATION SYSTEM TO THE
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
	SE ST
(b) Enter name of NEW Registered Agent and	or NEW Registered Office address:
NEW Registered Agent:	THOMAS O. DAAKE SR.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES	125 VILLAGE BEACH ROAD WEST
MOST BE TECKION STREET NOONES	SANTA ROSA BEACH ,FL32459
If the limited liability company is not organized unconfirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the chof the members of the limited liability company or or the operating agreement of the limited liability company or or the operating agreement of the limited liability of a member of authorized representative of a member	der the laws of the State of Florida, it is hereby e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited nange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization ompany.
ADELE Z. DAAKE, Manager THOMAS O. DAAKE SR	., Manager
I hereby accept the appointment as registered against and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited habitity of Significant of Registered Agent THOMASO. DAAKE SR.	A and agree to act in this capacity. I further agree to the proper and complete performance of my duties, if my position as registered agent as provided for in a to merely reflect a change in the registered office company has been notified in writing of this change.

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