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COVER LETTER

Registration Section TO: **Division of Corporations**

Crystal Beach Capital, LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

20

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Natalie Gomez

Name of Person

Crystal Beach Capital, LLC

Firm/Company

301 S Gulfview Blvd, Suite 873 Address

> Clearwater, FL 33767 City/State and Zip Code

natalie@njrdevelopment.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalie Gomez 373-4255 727 at (Area Code & Daytime Telephone Number

Name of Person

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 amount:



\$55 Filing Fee & Certified Copy



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF	R
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. Name of the limited liability company: Crystal Beach Capital, LLC Crystal Beach Capital, LLC 2. (a) Principal office address of limited liability company: _ ∕ | (Note: MUST BE STREET ADDRESS) 101 E Kennedy Blvd, Suite 2125 Tampa, FL 33602 Crystal Beach Capital, LLC (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 101 E Kennedy Blvd, Suite 2125 Tampa, FL 33602 L0500006218 January 20, 2005 4. Document number 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: **Registered Agent:** F & L Corp. One Independent Drive, **Registered Office Address:** Stute Jacksonville, FL 32202 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **Christopher Bastas NEW** Registered Agent: Crystal Beach Capital, LLC 301 S. Gulfview Blvd, Suite 873 **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) .FL 33767 Clearwater 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.

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Signature of a member or	\adtl	ndrized	rep	nesen	ative o	f a memb	er	_
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Printed or typed name of	`ciar	100						

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. State

Signature of Registered Agent

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

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