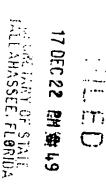
## 106000089220

Office Use Only



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12/05/17--01007--028 \*+35.00



DEC 2 2 2017 Y SULKER



December 6, 2017

DANIJELA Z POPE PO BOX 2348 JACKSONVILLE, FL 32203

SUBJECT: 1352 WEST BEAVER STREET, LLC

Ref. Number: L06000089220

We have received your document for 1352 WEST BEAVER STREET, 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):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(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) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 617A00024666

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

INH\$18 (2/14)

SUBJECT:	1352	west	Beave	ER	Street,	LLC					
3000ECT	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:											
Danifela Zec Pope Name of Person											
1352 West Beaver Street, LC											
Firm/Company .											
P.O BOX 2348											
Address											
Jacksonville FI 32203											
City/state and Zip Code											
Popepartners LLLP @ gmail. com E-mail address: (to be used for future annual report notification)											
For further information concerning this matter, please call:											
Danifela Zec Pope at 904, 652-5206  Name of Person Area Code & Daytime Telephone Number											
STREET Registrat Division Clifton E 2661 Exc	T/COURIER Ation Section of Corporation	ADDRESS: s Circle	,	MAIL Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 3231						
Enclosed is a check for the following amount:											
<b>□</b> \$25 F	iling Fee		۵	\$55 F	iling Fee & Certifie	ed Copy					

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Nai	me of the limited liability company:	1352	Wes	t Bea	ver Sti	reet	,LLC
2	(a)	1352 West Beaver	St	(b)	P.O.	BOX 2349	8	
	(-) .	Principal office address of limited liabilit	y company:	_ (-)	Ma	iling address of limite	d liability c	
		Jacksonvile, FL		i		Nove: MAYBE POS Sonville		<del></del>
		Jacksonnie, FL	3 6600	<u>_</u> -	JULK	Sonvine	TL.	56204
			,-					- <u></u>
		09/11/2006		•	1 0100	100089	2-25	)
3.		Date of filing/registration in Flo	orida			Occument number		
		Linda Watk		••	_	ocamen name		
5.	(a)	Registered Agent and Registered Office shown o		he Florida D	Dept. of State:		<del></del> _	
		7580 SanJose	BIVd					2
		Registered Office Address (MUST BE FLOR	RIDA STREET A	DDRESS)	<del></del>		AH.	20
		Jacksonville	FL	322	17		388	No. 1
			Ėi	32	217		m <sub>G</sub>	理り
		Deale 15 0		-	<del></del>		105 207 207 207 207 207 207 207 207 207 207	59
	(b) _	Danifela Z			<u> </u>		197	Ó
		Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>			<del></del>		•	
		12938 Old St.	Augu	STIN	e Ro	}		
		NEW Registered Utifice Address:						
		Jacksonville	tL_	322	58			
			, FL_					
lf t	he lii	mited liability company is not organized	under the law	s of the S	tate of Flori	da, it is hereby co	nfirmed t	hat after
age	nt w	nge or changes are made, the Florida stre fill be identical. Or, in the case of a Flor	ida limited lia	bility con	ipany, it is h	ereby confirmed	that the cl	nange(s)
wa:	s/we: artic	re authorized by an affirmative vote of the cless of organization or the operating agree	ne members of ement of the l	Tthe limit imited lia	ed liability oblits of the bility compa	company or as oth any.	erwise pr	ovided in
	/	( )				R Pope	, CE	<del>-</del> 0
		ure of a member or authorized representative of a						
I h pro	ereb vişi	of accept the appointment as registered of ons of all statutes relative to the proper of gations of my position as registered age by reflect a change in the registered office in writing of this change.	igent and agre ind complete p	re to act it performan	n this capac ice of my du	itv. I further agre ties, and Lam fan	e to comp ultar with	oly with the and accept
10 t	obli; nere;	gations of my position as registered age by reflect a change in the registered offic ting witing of this change.	nt as provided ce address, I h	for in Ch ereby con	iapter 605, 1 Jirm that th	F.S. Or, if this do e limited liability	cument is company	being filed has been
not		70/ Ces		•				
Sig	natur	e of Registered Agent	···					
		Division of Corporat	tions • P.O. B	ox 6327•	Tallahasse	e, FL 32314		

FILING FEE: \$25.00