Division of Corporations Public Access System

## **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H070002585543)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

Account Name

: FOLEY & LARDNER

Account Number : 072720000061

(904) 359-2000

Phone

Fax Number

(904) 359-8700

## REGISTERED AGENT CHANGE

BEACHES OFFICE CENTER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

Fax Audit No.: H07000258554

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

Pursuant to the prov liability company sub agent, or both, in the	mits the following stateme	or 608.508, Florida Statutes, the on the order to change its registere	undersigned lim d office or registe	iited ered
1. The name of the li	mited liability company is:	Beaches Office Center, LLC		<del></del> •
2. The mailing addre	ss of the limited liability co	ompany is : PO Box 51584, Jacksonv	ille Beach, FL 322	<u>40</u> ,
11/03/2006		L08000107077		
3. Date of filing/regis	stration in Florida	4. Document number		
5. The name of the re Florida Departmen		stered office address as shown on th	e records of the	
	Foley & Lardner LL			
	One Indonesidant Dri	Name		<u></u>
One Independent Drive, Suite 1300 Address		07	NSE SE	
Jacksonville, FL 32202		000	<u> </u>	
City, State and Zip		<b>4</b>	22 m	
6. The name and addr	ress of the new registered a	gent and/or office:	22	TARY.
	F & L Corp.		<b>3</b>	
		Name	٠	, S.C.
	One Independent Driv	ve, Suite 1300	15	===
	Florida street address	s (P.O. Box NOT acceptable)		7
	Jacksonville	FL 32202		
	City, S	State and Zip	,	
confirmed that after the and the business office liability company, it is of the rembers of the or the perating agree	the change or changes are more of the registered agent was hereby confirmed that the limited liability company change is a limited liability.	under the laws of the State of Florinade, the Florida street address of the ill be identical. Or, in the case of a change(s) was/were authorized by or as otherwise provided in the artity company.	a registered Attici	e ite on
hature of Chembe or	athorized representative of a memb	cr)		
Herbert L. Underwood	d, Jr., MGRM			
(Printed or typed name of si		<del> </del>		•
E M TO COLLO.	ppointment as registered a sistence of all statutes relative hand accept the obligation rifthis document is being firm that the limited liability.	gent and agree to act in this capaci e to the proper and complete perfor is of my position as registered agen filed to merely reflect a change in t ty company has been notified in wri	ry. I further agre- mance of my duti- t as provided for i he registered offic ting of this chang	e to es, in ee e.
(Signature of Registered Ag	(ent)			
Charles V. Hedri Div	ok, Authorized Signatory vision of Corporations, P.	O. Box 6327, Tallahassee, FL 32	314	
		G FEE: \$25.00		

INHS18 (8/05)

Fax Audit No: H07000258554