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KARL W. BOYLES, JR. ATTORNEY AND COUNSELOR AT LAW

POST OFFICE BOX 13464
PENSACOLA, FLORIDA 32591-3464

212 W. CERVANTES STREET TELEPHONE (850) 433-9225 FAX (850) 434-7898

September 9, 2009

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: Beach Ball Brokers, LLC.

Dear Sir:

Please find enclosed the following:

- 1. Statement of Change of Registered Agent
- 2. Resignation of Registered Agent
- 3. Two checks totaling \$110.00

If you have any questions, please feel free to give me a call.

Yours Very Truly,

KARL W. BOYLES, JR.

KWB/jlc Enclosures

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. Name of the limited liability company: BEACH	BALL BROKERS LLC
2. (a) Principal office address of limited liability company	y: 331 E ROMAUN ST
(Note: MUST BE STREET ADDRESS)	PENSACOLA FL 32502
(b) Mailing address of limited liability company:	SAME
(Note: MAY BE POST OFFICE BOX)	
3. Date of filing/registration in Florida	L01.000114148 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	JAMES D HLUBECK
Registered Office Address:	501 East Gregory Street
	Hensacola, Fl. 32502
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	KIMBERLY J GIBBONS
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	PENSACOLA ,FL 32502
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the province and I am familiar with and accept the obligations of my po Chapter 600 F.S. Or, if this document is being filed to me address, I herebylconfirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent of provided for interesting of the change in the registered office has been notified in writing of the change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 323141 FILING FEE: \$25.00

INHS18 (05/08)