107000005328

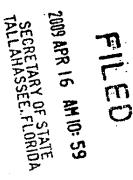
(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Cosmoso Ciar, rame,
(Document Number)
Certified Copies Certificates of Status
·
Charles Instructions to Filing Officer
Special Instructions to Filing Officer:
·

Office Use Only



100150270541

04/16/09--01027--017 **25.00



T. CLINE

APR 1 7 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Beach-Life Properties, (Name	LLC e of Limited Liability Company)	_ 0
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
Leigh Anne Limousin		
(Name of Person)		
Beach-Life Properties, LLC		
(Firm/Company)	_	<u>س</u>
122 Tranquility Dr		TILEU 2009 APR 16 AM 10: 59 SECRETARY OF STATE SECRETARY OF STATE
(Address)		APR 16 MI
Crestview, FL 32536		是
(City/State and Zip Code)		FLOOR
For further information concerning this ma	tter, please call:	RIFA SO
Leigh Anne Limousin	at (850) 398-6266	
(Name of Person)	(Area Code & Daytime Telephone Number)	-
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 follow	ing amount:	
✓ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

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 lin	nited liability company: Beach-l	Life Properties, LLC	
	ffice address of limited liability con UST BE STREET ADDRESS)	npany: <u>122 Tranquility Dr</u> Crestview, FL 32536	
	dress of limited liability company: AY BE POST OFFICE BOX	122 Tranquility Dr Crestview, FL 32536	
01/12/2007 3. Date of filing/r	egistration in Florida	L07000005328 4. Document number	
5. (a) Registered	Agent and Registered Office show	n on the records of the Florida Dep	t. of State:
5. (a) Registered	•	n on the records of the Florida Dep	t. of State:
Registered	•		2009 FALL
Registered Registered	Agent: Office Address:	Leigh Anne Limousin 6717 Elbing St	2009 APR 1 SECRETA TALLAHAS
Registered Registered (b) Enter name	Agent: Office Address:	Leigh Anne Limousin 6717 Elbing St Navarre, FL 32566	2009 APR 16 SECRETARY TALLAHASSE
Registered Registered (b) Enter name NEW Reg	Agent: Office Address: of NEW Registered Agent and/or	Leigh Anne Limousin 6717 Elbing St Navarre, FL 32566 r NEW Registered Office address Leigh Anne Limousin 122 Tranquility Dr	2009 APR 16 SECRETARY TALL AHASSE

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.

(Signature of a member or authorized representative of a member)

Leigh Anne Limousin

(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.

(Signature of Registered Agent)

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