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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Beachside Endeavors, LL (Name of	f 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	ng this matter to the following:				
Barry B. Ansbacher					
(Name of Person)					
Ansbacher & McKeel, P.A.					
(Firm/Company)	,				
8818 Goodbys Executive Drive	•				
(Address)					
Jacksonville, FL 32217					
(City/State and Zip Code)					
For further information concerning this ma	tter, please call:				
Barry B. Ansbacher	at (904) 737-4600				
(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 following	ing amount:				
\$25 Filing Fee	S55 Filing Fee & Certified Copy				

INHS18 (8/05)

W. F.

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.

ageni, or boin, in the state	oj 1 ioriaa.						
1. The name of the limited	l liability company i	S: Beachside Ende	avors, LLC				
2. The mailing address of	the limited liability	company is:	Ansbacher	& Mči	Keel,	Р.	A
8818 Goodbys Ex	ecutive Drive	e, Jacksonvi	ille, FL	32217			
2/21/08)8000018550				,
3. Date of filing/registration	on in Florida		Document nu	mber			
5. The name of the register Florida Department of S		gistered office add	iress as shown	on the re	cords c	of the	
•	Abeed M. Vanjari	а					
•		Name		-			
	4255 A1A South, S			_		•	
		Address			ΤS	. 0	
,	St. Augustine, FL 3	32085 y, State and Zip		-		08 A	on the
		•			£E1	APR 2	enace enace
6. The name and address o	f the new registered	agent and/or office	ce:		RETARY OF STATE AHASSEE FLORID/	2	-
,	Ansbacher & McKe	eel, P.A.		_	E O	>>	
- -		Name			S	AH !!: 40	
· .	8818 Goodbys Exec	cutive Drive			₽¥.		-
	Florida street addre	ess (P.O. Box NO	T acceptable)		P.E.	0	
,	Jacksonville,	FL , 32217					
•	City.	, State and Zip					
If the limited liability composition of the business office of the liability company, it is here of the members of the limited or the operation agreement (Signature of a member of authorization).	ange or changes are the registered agent eby confirmed that tited liability compart of the limited liabil	made, the Florida will be identical. the change(s) was ny or as otherwise lity company.	a street address	of the re	gistere	d offi nited	
Dawn, D. Anahaahar							
Barry B. Ansbacher (Printed or typed name of signee)							
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)					I furthe ice of p provid egister of this	er agr ny du ed for ed off chan	ree to ties, in ice ige.
Barry B. Ansbach Division	er for Ansbac a of Corporations,	gner & McKee P.O. Box 6327, T	fallahassee, Fl	L 32314			

FILING FEE: \$25.00

INHS18 (8/05)