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MAY - 4 2009

EXAMINER



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## **COVER LETTER**

Divis	ion of Corporations		
SUBJECT:	Beachside Designs LLC (Name	of Limited Liability Company)	
Dear Sir or N	∕ladam:		
The enclosed	Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return	all correspondence concerning	g this matter to the following:	
Eva L. Dyckma			
	(Name of Person)		
Beachside De			
	(Firm/Company)		
540 Nightinga			
	(Address)		-
Indialantic, FL	. 32903		
	(City/State and Zip Code)		
For further in	formation concerning this mat	ter, please call:	
Morris C. Dyc	kman III (mgr)	at ( 321 ) 750-9376	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
Regist Divisi Cliftor 2661 E	ET/COURIER ADDRESS: cration Section on of Corporations in Building Executive Center Circle cassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclo	sed is a check for the following	ng amount:	
<b>⊘</b> \$25	5 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

TO: Registration Section

## 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. Nam	ne of the limited liability company: Beachside	Designs LLC		4.
2. (a) l	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 540 Nightingale Dr. Indialantic, FL 32903		9 9
(b) 1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	540 Nightingale Dr. Indialantic, FL 32903		<b>5</b>
April 21,	2008	L08000039450		
3. Date	of filing/registration in Florida	4. Document number		
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
	Registered Agent:	Spiegel & Utrera P.A.		
•	Registered Office Address:	1840 Southwest 22nd St.	_ <u>&amp;</u>	710
		4th Floor	9	<u>∞</u> <u> </u>
		Miami, FL 33145	<u>-</u>	- <u>P</u>
			1	
(b) i	Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office address:		
` ,			75	
	NEW Registered Agent:	Eva L. Dyckman		
	NEW Registered Office Address:	540 Nightingale Dr.	··	ج منر
(MUST BE FLORIDA STREET ADDRESS)		540 (Algitinigate D).	<del>U</del>	
1	MOST BUT DOMESTICES TO DECES	Indialantic,FL_32903		***
that after office of hereby of liability limited	mited liability company is not organized under the creative of the change or changes are made, the Florida street of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized to company or as otherwise provided in the articles of liability company.	et address of the registered office and the bease of a Florida limited liability company, by an affirmative vote of the members of the	usine it is ie lim	ss iited
(Printed o	c. Dyckman III (mgr)  or typed name of signee)  y accept the appointment as registered agent and a with the provisions of all statutes relative to the pr iliar with and accept the obligations of my position to if this document is being filed to merely reflect a that the limited liability company has been notified	— agree to act in this capacity. I further agre oper and complete performance of my duti as registered agent as provided for in Cha	e to es, ar apter	nd I 608,
_YW	if this document is being filed to merely reflect a that the limited liability company has been notified to of Registered Agent)	change in the registered office address, I h d in writing of this change.	ereby	<i>y</i> ¯ ¯′

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