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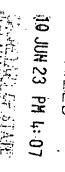
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S. HAWKES
JUN 2 4 2010
EXAMINER

## **COVER LETTER**

TOF Registration Section **Division of Corporations** Anchor Beach Towels, LLC **SUBJECT:** Name of 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 this matter to the following: Jacob Blaauboer Name of Person Anchor Beach Towels, LLC. Firm/Company 1172 S. Dixie Hwy #214 Address Coral Gables, FL 33146 City/State and Zip Code anchorbeachtowels@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jacob Blaauboer Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations Clifton Building** P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following 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.

agent, or both, in the state of Ftortaa.	
1. Name of the limited liability company:	Anchor Beach Towels, LLC
2. (a) Principal office address of limited liability com	pany: Anchor Beach Towels, LLC
(Note: MUST BE STREET ADDRESS)	1172 S, Dixie Hwy #214 Coral Gables, FL 33146
(b) Mailing address of limited liability company:	Anchor Beach Towels, LLC
(Note: MAY BE POST OFFICE BOX)	1172 S. Dixie Hwy #214 Coral Gables, FL 33146 5
06/09/2008	L08000056747
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:	Jason Stern
Registered Office Address:	7270 SW 89th St #405
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	Jacob Blaauboer
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1172 S. Dixie Hwy #214 Coral Gables ,FL33146
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be i liability company, it is hereby confirmed that the change of the members of the limited liability company or as or the operating agreement of the limited liability company.	he Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization
Signature of a member or authorized representative of a member	
Jacob Blaauboer Printed or typed name of signce	· · · · · · · · · · · · · · · · · · ·
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to th and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.

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

Signature of Registered Agent