0000059120

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

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October 24, 2017

JADWIGA PROBORSZCZ 37 WHISPERING PINE DR PALM COAST, FL 32164

SUBJECT: BEACH APARTMENTS OF DAYTONA BEACH LLC

Ref. Number: L09000059120

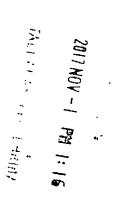
We have received your document for BEACH APARTMENTS OF DAYTONA BEACH LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 017A00021442



COVER LETTER

TO: Registration Section Division of Corporations				
Beach Apartments F Daytona SUBJECT:	Beach LL(
	f Limited L	iability 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 n	natter to the	following:		
Jadwiga Proborszcz				
Name of Person		_		
Beach Apartments Of Daytona Beach LLC			1341	2017
Firm/Company			>> 20 24 24	2017 G ET 23
37 Whispering Pine Dr.			PEN VICTOR	
Address				31. 30
Palm Coast, Fl 32164				·
City/State and Zip Code		_	·	
E-mail address: (to be used for future annual	report notif	īcation)		
For further information concerning this matter, ple	rase call:			
Jadwiga Proborszcz	386 at (246-3971		
Name of Person		Area Code & Daytime Telep	hone 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 an	nount:			
2 \$25 Filing Fee	55 Filing Fee & Certified Copy			
INHS18 (2/14)				

NN B

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	nne of the limited liability company: Beach Aparti	ments Of Da	aytona Beach LLC
2. (a)	37 Whispering Pine Dr.	(h)	
. (147	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Palm Coast,FI 32164	(,	Mailing address of limited liability company: **GNote: MAY BE POST OFFICE BOX**)
	June 23,2009	— — L09	0000059120
₹.	Date of filing/registration in Florida	4.	Document number
5. (a)	Witold Proborszcz		
. ()	Registered Agent and Registered Office shown on the records of 37 Whispering Pine Dr.	the Florida Dep	t. of State:
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>	
	Palm Coast, FI	32164	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Jadwiga Proborszcvz	d Office address	<u> </u>
	NEW Registered Office Address:	.==.	
	37 Whispering Pine Drive		*** ***
	Palm Coast, Pi	32164	£!1 8: 4.9
the cha agent w was/we the arti	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited le ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the registere iability compa of the limited	d office and the business office of the registere my, it is hereby confirmed that the change(s) Tiability company or as otherwise provided in
	adingo Proboxzin	Jadwiga Proborszcz	
Signat	ture of a member of authorized representative of a member		Printed or typed name of signee
provisio he obli o merc wifica	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, l I in writing of this change.	ree to act in t e performance ed for in Chap hereby confi	his capacity. I further agree to comply with the of my duties, and I am familiar with and acceptor 605, F.S. Or, if this document is being filed on that the limited liability company has been
_Ja	redige Proposice		

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