## L09000061712

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

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2020 SEP 28 AM II: 50

10. 11/2/20

## COVER LETTER

TO: Registration Section

Division of Corporations							
GULF BEACH HIGHWAY, LLC							
SUBJECT:Nan	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Off	ice Change a	nd fec(s) are submitted for filing.					
Please return all correspondence concerning th	is matter to t	ne following:					
WARREN T BROWN							
Name of Person		<del></del>					
Firm/Company							
1400 E STRONG ST							
Address		<del></del>					
PENSACOLA, FL 32501							
City/State and Zip Code		- <del></del>					
TED.KATHY1700@GMAIL.COM							
E-mail address: (to be used for future ann	iual report no	tification)					
For further information concerning this matter.	please call:						
WARREN T BROWN	850 at (	982-1907					
Name of Person		Area Code & Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following	amount:						
■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy					
INHS18 (2/14)							

## 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.

I. Na	nme of the limited liability company: GULF BEACH	HIGHW	/AY, LL	,C		
2. (a)	1400 E STRONG ST		(b) 140	00 E ST	RONG ST	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(")	٨		of limited liability company: BE POST OFFICE BOX)
	PENSACOLA, FL 32501		PE	NSACO	LA, FL 32501	
			<del></del>			
	06/24/2009		L090	0000617	12	
3. 5. (a)	Date of filing/registration in Florida WARREN T BROWN	4.		!	Document nu	anber
J. ( <i>a)</i>	Registered Agent and Registered Office shown on the records of 1700 OSCEOLA BLVD	of the Flo	rida Dept	t, of State	- ::	
	Registered Office Address (MUST BE FLORIDA STREET	TADD <u>R</u>	ESS)		-	<b>2</b> 6
	PENSACOLA, F	L 32503	; 			PE E 28 2020 SEP 28 TALL AHA
(b)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office	address	:		B AHII: 50
	NEW Registered Office Address:					ra O
	1400 E STRONG ST					
	PENSACOLA, F	L_3250	l 			
change agent v was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member	e regist liability of the e limite	tered of compa limited d liabil	fice and ny, it is liability ity com NT BRO	I the business hereby confi company or pany.	office of the registered rmed that the change(s)
I here provisi the obi to mer notifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d'in writing of this change.	e nertoi	mance	iis capa of my d	icity. I furthe luties, and I a	r agree to comply with the in familiar with and accept