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(Re	equestor's Name)			
(Ac	idress)			
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(Ci	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nam	e)		
(Do	ocument Number)	<u> </u>		
Certified Copies	_ Certificates	of Status		
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T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations				
·				
SUBJECT: Beaufor	t Rosemary LLC			
Name of Limite	ed 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:				
Ann M Casey				
Name of Person	•			
Beaufort Rosemary LLC				
Firm/Company				
PO Box 59225 Address				
Address				
Birmingham, AL 35259				
City/State and Zip Code				
ann@beaufortrosemary.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, pl	eaca valle			
To further information concerning this matter, pr	vase can.			
Ann Casey at (281) 793-3254			
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.

1. Name	of the limited liability company:	Beaufort Rosemary LLC	
2. (a) Pri	incipal office address of limited liability company	nny: 414 Norfolk Lane	
(1	Note: MUST BE STREET ADDRESS)	Birmingham, AL 35209	
(b) M	ailing address of limited liability company:	PO Box 59225	
<u>a</u>	Note: MAY BE POST OFFICE BOX)	Birmingham, AL 35259	PSE F
	August 2009	L09000082	
3. Date o	f filing/registration in Florida	4. Document number	STOR P
5. (a) R	egistered Agent and Registered Office shown on	the records of the Florida De	ept. of State:
Re	egistered Agent:	Ann Casey	5m or
Re	egistered Office Address:	77 Bridgetown Avenue Rosemary Beach, FL 324	
	EW Registered Agent:	Northwest Registered Agent LLC 3030 N. Rocky Point Dr. STE 150A	
NI	EW Registered Office Address:		
(MUST BE FLORIDA STREET ADDRESS)		Tampa	,FL <u>33607</u>
confirmed and the buliability coof the meror the ope	ited liability company is not organized under the I that after the change or changes are made, the F usiness office of the registered agent will be iden ompany, it is hereby confirmed that the change(s mbers of the limited liability company or as othe rating agreement of the limited liability company Ann M Casey The description of the limited liability company or as member or authorized representative of a member of liability company or as member or authorized representative of a member of liability company or as member or authorized representative of a member of liability company or as member of signee	lorida street address of the rical. Or, in the case of a Flo) was/were authorized by an rwise provided in the articles /.	egistered office orida limited affirmative vote of organization
I hereby of comply with and I am Chapter by address, I	accept the appointment as registered agent and a ith the provisions of all statules relative to the pr familiar with and accept the obligations of my po 08, F.S. Or, if this document is being filed to me hereby confirm that the limited liability compan	igree to act in this capacity. Oper and complete performa sition as registered agent as crely reflect a change in the i y has been notified in writing	I Jurther agree to nce of my duties, provided for in egistered office g of this change.

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

Dan Keen-Manager