109000107417

(Requestor's Name)				
. (Address)				
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



900164035799

01/11/10--01055--018 **25.00

10 JAN I I AN IO: 59
SECRETARY OF STATE
TALLAHASSEE, FLORID.

D. BRUCE
JAN 1 2 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Florida Beach Name of Limited 1	Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted	for fili	ng.	
Please return all correspondence concerning this mat	ter to the following:			
Rabort tinlayson				
Florida Brach Clas				
Firm/Company 4/12 2 hd HVP. Address		SECRE	10 JAN	र जुड़े
Molbourne Brach, Fl City/State and Zip Code	32951	TARY OF S	N II AM 50:	
E-mail address: (to be used for future annual report notification)		STATE FLORIDA	70	
For further information concerning this matter, please	e call:			
Name of Person at (3	789-1330 Area Code & Daytime Telephone	2 e 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 amou	nt:			
\$25 Filing Fee	\$55 Filing Fee & Certified	Сору		

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

liability company submits the following statement in order agent, or both, in the State of Florida.	08, Florida Statutes, the undersigned limited or to change its registered office or registered
1. Name of the limited liability company: Horida	Brach (146
2. (a) Principal office address of limited liability company	1: 4/12 2 hd Ave
(Note: MUST BE STREET ADDRESS)	MASONTHE Beach, +1 3295
(b) Mailing address of limited liability company:	412 2nd Av-
(Note: MAY BE POST OFFICE BOX)	Melbourne Brank F1 3295
11/06/2009	L09000 107 417
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:	Robert Finlayson
Registered Office Address:	312 Ware crost Ave.
	Indialantic F1 32903
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	W Registered Office address:
NEW Registered Agent:	Kobert Finlayson
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4/2 2nd Hve.
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company	aws of the State of Florida, it is hereby lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of a member or authorized representative of a member	- HAS
Robert + inlayson	SEE, F
Printed or typed name of signee /	S
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proud and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacing I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	