

L09000120456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

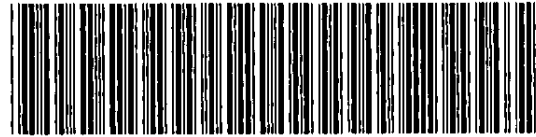
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900181459889

06/01/10--01027--010 **25.00

FILED
10 JUN -8 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

JUN 09 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2010

ROBYN A RENNICK
1934 CR 30
PORT ST JOE, FL 32456

SUBJECT: BEACH FOLLY SOUTH BEACH, LLC
Ref. Number: W10000026574

We have received your document for BEACH FOLLY SOUTH BEACH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the filing and the document number do not match.,

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 010A00013770

6/1/10 01027 010

906181459889

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: Beach Folly South Beach LLC

2. (a) Principal office address of limited liability company:



(Note: **MUST BE STREET ADDRESS**)

1934 CR 30
Port St. Joe, FL 32456

(b) Mailing address of limited liability company:



(Note: **MAY BE POST OFFICE BOX**)

1934 CR 30
Port St. Joe, FL 32456

12/18/2009

3. Date of filing/registration in Florida

4. Document number

LO 9000120456

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Thomas S. Gibson

Registered Office Address:

116 Sailor's Cove Dr
Port St. Joe, FL 32456

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent:

Robyn A. Rennick

NEW Registered Office Address:

1934 CR 30

(MUST BE FLORIDA STREET ADDRESS)

Port St. Joe, FL 32456

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Patricia K. Hardman
Signature of a member or authorized representative of a member

Patricia K. Hardman

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Robyn A. Rennick
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00