## Florida Department of State Division of Corporations

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLIC

Account Number : 120070000020 : (813)435-3176 Phone : (813)333-6358 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC REGISTERED AGENT CHANGE

REACH CATEWAY IIC

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## 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.

agent, or both, in the state of Florida.							
1. Name of the limited liability company	y: BEACH GATEWAY, LLC	; <u> </u>					
2 (a) Drivainal office address of limits	ما المالية المستعمرية	. 44050 CIN \$2 CT					
2. (a) Principal office address of limited (Note: MUST BE STREET AL		SUITE 319					
(NOIE. MUST BE STREET AL	DKESS)	MIAMI, FL 33183					
(b) Mailing address of limited liabili	ty company:	14250 SW 62 ST					
(Note: MAY BE POST OFFIC		SUITE 319					
		MIAMI, FL 33183					
02/23/2011		L11000022645					
3. Date of filing/registration in Florida	•	4. Document number					
5. (a) Registered Agent and Registered	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
Registered Agent:		THE LAW OFFICES OF NICK SPRADLIN, PLLC					
Registered Office Address:		18952 NORTH DALE MABRY HW	Y				
Registered Office Address.		SUITE 102					
		LUTZ, FL 33548	<del>1</del> 2				
			SS TI				
(b) Enter name of NEW Registered	Agent and/or NEV	V Registered Office ad	mark and a second				
		•	<b>9</b>				
NEW Registered Agent:		THE LAW OFFICES OF NICK SPR					
NEW Registered Office Address	21	13007 W. LINÉBAUGH AVENUE	3				
MUST BE FLORIDA STREET	s. TADDRESS)	SUITE 101	्रिच् :				
1	- INDEXELUCIO	TAMPA	FL 3626				
			film.				
If the limited liability company is not or	ganized under the la	ws of the State of Flori	da, it is hereby				
confirmed that after the change or change and the business office of the registered	ges are made, the Fig	orida street address of the	ie registered office				
liability company, it is hereby confirmed	i that the change(s)	was/were authorized by	an affirmative vote of				
the members of the limited liability com	pany or as otherwis	e provided in the article	s of organization or				
the operating agreement of the limited li	ability company.		J				
7/-							
Signature of a member or authorized representative of	f a member	-					
NICKOLAS J. SPRADLIN, AUTHORIZED REPRESENTATIVE	OF A MEMBER						
Printed or typed name of signee		-					
I hereby accept the appointment as regi	stered agent and ag	ree to act in this capaci	tv I further norse to				
comply with the provisions of all statute	s relative to the pro	per and complete perfoi	mance of my duties,				
Chapter 608. F.S. Or, if this document is	vugauons of my pos is heing filed to mer	unon as registerea agen elv reflect a change in t	t as provided for in he registered office				
I hereby accept the appointment as regi comply with the provisions of all statute and I am familiar with and accept the of Chapter 608, F.S. Or, if this document i address, I hereby confirm that the limite	d liability company	has been notified in wr	iting of this change.				
17-							
Signature of Registered Agent							
Division of Corneral	tions P.O. Box 423	27, Tallahassee, FL 32	211				
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