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#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

# SURJECT: H&H Beach Houses, LLC

Name of Limited 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:

## Leslie Heiman

Name of Person

H&H Beach Houses, LLC

Firm/Company

2704 Glen Oak Circle

Address

Gulf Breeze, FI 32563

City/State and Zip Code

# alpinetowing@bvcolorado.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

### Leslie Heiman

..719 \ 395-85

Name of Person

Area Code & Daytime Telephone 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 amount:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

SECRETARY OF STA

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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.

1. Na	me of the limited liability company:	H&H Beach Houses, LLC			
2. (a)	Principal office address of limited li (Note: MUST BE STREET ADD		2704 Gien Oak Circle Gluf Breeze Fl 32563		
(b)	Mailing address of limited liability (Note: MAY BE POST OFFICE		Po Box 967 Buena Vista, Co 81211		
7/16/201	3				
3. Da	te of filing/registration in Florida		. Document num	ber	
5. (a)	Registered Agent and Registered O	ffice shown on th	ne records of the F	Florida Dept. of	State:
	Registered Agent:				
	Registered Office Address:			SEORET	28 34 34
(b)	Enter name of NEW Registered As	gent and/or NEV	V Registered Offi	M.C	22
	NEW Registered Agent:		Leslie Heiman	.π <sup>π</sup>	<b>X</b>
	NEW Registered Office Address: (MUST BE FLORIDA STREET A	(DDRESS)	2704 Glen Oak Circle	TALE ORISA	<del>5</del> 2
mayer but bombit simble mobilessy		<del></del>	Gulf Breeze	,FL	32563
confir and the liabilithe m the op	limited liability company is not organ med that after the change or changes he business office of the registered agity company, it is hereby confirmed the embers of the limited liability company herating agreement of the limited liability companies of a member or authorized representative of a result of the limited liability companies of a member or authorized representative of a result of the limited liability companies of a member or authorized representative of a result of the limited liability.	are made, the Floent will be identing the change(s) my or as otherwis ility company.	orida street addres cal. Or, in the cas was/were authoriz	s of the register se of a Florida li zed by an affirm	ed office mited ative vote of
Printed	or typed name of signee		-		
I here completed in the complete comple	by accept the appointment as registed with the provisions of all statules range familiar with and accept the obliger 608, F.S. Or, if this document is less I hereby confirm that the limited less than the less than the limited less than the le	ered agent and as elative to the pro- gations of my pos- being filed to mer iability company	ree to act in this of the per and complete ition as registered ely reflect a chan has been notified	capacity. I furth performance of d agent as provi ge in the registe in writing of th	her agree to my duties, ded for in red office is chänge.

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

Signature of Registered Agent