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(Req	uestor's Name)	
(Add	lress)	_
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

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RAROMS

COVER LETTER

TO:

Registration Section

Division of Corporations					
Beach Pottery Etc LLC					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
Alanna Osborne					
Name of Person					
Beach Pottery Etc LLC					
Firm/Company					
17980 San Carlos Blvd					
Address					
Fort Myers Beach 33931					
City/State and Zip Code					
Alannahansenre@hotmail.com					
E-mail address: (to be used for future annual	report notification)				
For further information concerning this matter, plea	ase call:				
Alanna Osborne	704 400-3977				
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 am	ount:				
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				
INHS18 (2/14)					



April 24, 2019

ALANNA OSBORNE 17980 SAN CARLOS BLVD FORT MYERS BEACH, FL 33931

SUBJECT: BEACH POTTERY ETC., LLC

Ref. Number: L11000129400

We have received your document for BEACH POTTERY ETC., 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 current name of the entity is as referenced above. Please correct your document accordingly.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6050.

Letter Number: 319A00008243

Irene Albritton Regulatory Specialist II

www.sunbiz.org

DO DOY GOOD THE LEGISLAND

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

rursud submit Florid	ant to the provisions of sections 605.0114 or 605.011s the following statement in order to change its real.	6, Florida Sta gistered offic PDHC	tutes, the undersigned limited liabile or registered agent, or both, in	lity-company the State of
1. N	ame of the limited liability company:	rty Etc.lio	2 Bead	PoHero
2. (a)		(b)	ame	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability (Note: MAY BE POST OFFIC	
	17980 San Carlos Blvd			
	Fort Myers Beach 33931			
	11-14-2011		L11000129	400
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
- ()	Registered Agent and Registered Office shown on the records of James Wozniak	f the Florida Dept	t. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	16001 Waterleaf Lane		20	
	Fort Myers, FI	L ₃₃₉₀₈	20191777	-
(b)			9-1	
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address		
	Alanna Osborne			
	NEW Registered Office Address:			نُ
	18196 Deep Passage Ln			
	Fort Myers Beach , F	L_33931	·	
the chagent was/w the art Signa I here provis the obto mer	dimited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited larger authorized by an affirmative vote of the members idea of organization or the operating agreement of the authorized representative of a member or the member of all statutes relative to the proper and complete digations of my position as registered agent as providing the proper and complete the proper and complet	of the registere iability compared the limited liability can be limited liability aree to act in the performance of for in Chapility confirmation of the liability compared to the lia	d office and the business office of tany, it is hereby confirmed that the cliability company or as otherwise plity company. Printed or typed name of signee this capacity. I further agree to confirmed to the confirmed of the confirmed of the confirmed of the capacity.	he registered change(s) provided in

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

INHS18 (2/14)