## 4/2000/38327

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



600315729716

07/16/18--01015--001 \*\*50.00

SECRETARY OF STATE

3 JUL 16 PM 1:3

A OF THE ME

## COVER LETTER

Division of Corporations						
Subject: Subject:						
	f 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:						
Ashley Kohls						
Name of Person	<del></del>					
Southern Beach Real Estate and Rentals,	LLC					
Firm/Company						
48 Raymond Circle						
Address	<del></del>					
Santa Rosa Beach, FL 32459						
City/State and Zip Code						
ashley@southernbeachre.com						
E-mail address: (to be used for future annual i	report notification)					
For further information concerning this matter, please call:						
Ashley Kohis	850 333-7774					
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	S55 Filing Fee & Certified Copy					
INHS18 (2/14)						

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Southern Beac	ch Re	al	l Estate and Rentals, LLC
2. (	a)	48 Raymond Circle,	(	(b)	48 Raymond Circle
`	,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	- <b>'</b>	(0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		Santa Rosa Beach, FL 32459	_		Santa Rosa Beach, FL 32459
		07/11/2018		L	L12000138327
3.		Date of filing/registration in Florida	4.	-	Document number
5. (	a)	Linda Quinlan			
J. (	u,	Registered Agent and Registered Office shown on the records of th	e Floric	da l	Dept. of State:
		Southern Beach Real Estate and Rentals, Ilc			•
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(S)</u>	<u></u>
		1131 Mack Bayou Road			<b>1</b> 0
		Santa Rosa Beach , FL	32459	9	ress:
(l	ı)	Ashley Kohls			16 ET
,	-,	Enter name of NEW Registered Agent and/or NEW Registered O	Office a	<u>dd</u> :	ress:
					1.02 1: 3.
		NEW Registered Office Address:	•		
		48 Raymond Circle			
		Santa Rosa Beach , FL 3	2459	)	
[f the	- li	mited liability company is not organized under the laws	, af th	~ 6	State of Florida, is in boundaries.
inc c	nai	mited liability company is not organized under the laws age or changes are made, the Florida street address of the	he reg	ist	tered office and the business office of the registered
agen	ŧw	ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of	oility c	on	mpany, it is hereby confirmed that the change(s)
the a	rtic	cles of organization or the operating agreement of the li	mited	lia	ability company.
<u> </u>		nda Cleunlan	Lin	ıda	a Quinlan
		are of a member or authorized representative of a member			Printed or typed name of signee
the o to me	bli ere	y accept the appointment as registered agent and agree ins of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address, I he im writing of this change	e to ac erform for in ereby c	et i nai Cl cor	in this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been

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