

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000208916 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)205-8842 Fax Number : (850)878-5368

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

		report	ľ
12:26	Email	Address:	
23 PH	Sirie	LI	_
10 AUG	AIMS	Cer	-

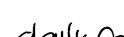
LLC REGISTERED AGENT CHANGE GHR BEACHWALK LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help



## COVER LETTER

TO: Registration Section Division of Corporations		•	
GHR Beachwalk LLC SUBJECT:			
	me of Limited	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	Tice Change an	d fee(s) are submitted for filing	
Please return all correspondence concerning the	his matter to th	e following:	
April Wittenwyler			
Name of Person		<del></del>	
C T Corporation System			
Firm/Company		<del></del>	
3 Winners Circle, Suite 301			
Address		<del></del>	
Albany, NY 12205			TALL SEC
City/State and Zip Code		<del></del>	AUG 23
aworkman@usa-bhi.com			23 1886 1886
E-mail address: (to be used for future an	nual report not	ification)	
For further information concerning this matter	, please call:		200
April Wittenwyler	844 at (	477-4098	धूल ळ
Name of Person		Area Code & Daytime Telep	ohone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	AAILING ADDRESS: egistration Section division of Corporations O. Box 6327 fallahassee, Florida 32314	
Enclosed is a check for the following	g amount:		
☑ \$25 Filing Fee	<u> </u>	\$55 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.

(a)			(b)	Mailing address of limited liability company:
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2600 E. HALLANDALE BEACH BLVD.			1912 SIDEWINDER DR. SUITE 104
	HALLANDALE BEACH, FL 33009	<del></del>		PARK CITY, UT 84060
	06/02/2014		I	.14000087503
	Date of filing/registration in Florida	4.	_	Document number
(a)				
(47	Registered Agent and Registered Office shown on the records of	the Flor	ida l	Dept, of State:
	REGISTERED AGENT SOLUTIONS, INC.			TS 5
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>(SS)</u>	
	155 OFFICE PLAZA DR. SUITE A			NIG 23 M CRETARY OF S LAHASSEE, F
	TALLAHASSEE , FI	32301		NS 23 F
	, +1	~ <del></del> _		The state of the s
(b)				H.S.
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office	add	- G 7 (p)
	C T Corporation System			DATI O
	NEW Registered Office Address:	· · · · · · ·	-	
	1200 South Pine Island Road			<del></del> _
	Plantation , FI	33324	ı	
	imited liability company is not organized under the la			and the state of the second test of the

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