

L14000094447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

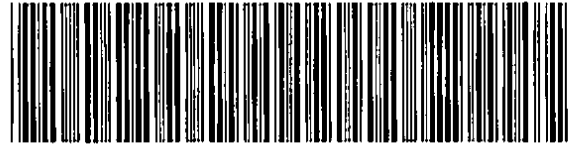
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 JUN 10 AM 11:47

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beachside Motel, 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:

Jody Radcliff, CPA

Name of Person

Jody D. Radcliff CPA, LLC

Firm/Company

870 Dunlawton Avenue, Suite 309

Address

Port Orange, FL 32127

City/State and Zip Code

bk@jodyradcliffcpa.com

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

For further information concerning this matter, please call:

Thommy Vass

at (386)

290-4650

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

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. Name of the limited liability company: Beachside Motel, LLC

2. (a) 1965 Avocado Drive (b) 1965 Avocado Drive
Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
Port Orange, FL 32127 Port Orange, FL 32127

3. 06/10/2014 4. L14000094447
Date of filing registration in Florida Document number

5. (a) Jeffrey Weinert
Registered Agent and Registered Office shown on the records of the Florida Dept. of State
1648 Taylor Rd #131
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Port Orange FL 32128

(b) Jody D. Radcliff CPA, LLC
Enter name of NEW Registered Agent and or NEW Registered Office address
870 Dunlawton Avenue
NEW Registered Office Address
Suite 309
Port Orange FL 32127

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Thommy Vass
Signature of member or authorized representative of a member

Thommy Vass

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Jody D. Radcliff CPA
Signature of Registered Agent

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