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DIVISION OF CORPORATIONS

C. Lewis 14

COVER LETTER

Division of Corporations						
SUBJECT: A + ESL BREVARD, UC 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:						
SUSAN BLOCK Name of Person						
Ad ESL BREVARD, LLC Firm/Company						
1373 ALTO VISTA DR						
Melbourne, FL 32940 City/State and Zip Code						
Sblock & beachblocks.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Susan Bock at (321) 775 - 3200 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 & 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 No.	me of the limited liability company: A4 ESL	Be	EVARD, LL	C	
	me of the limited hability company:	-	,		·
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	Mailing addre	ess of limited lia	
	1373 ALTO VISTA DE	_	1373	luto Vis	STA DR
	Melbouene, FL 32940		Melbour	DE FL	32940
	8/26/2014		L1460013	3705	
3.	Date of filing/registration in Florida	4. —	Documen	t number	
5. (a)	SUSAN BLOCK, A+ESL	BREVA	VPD, LLC		
	Registered Agent and Registered Office shown on the records of the	ne Florida I	Dept. of State:		
	Deline LOW Alline Office BC PLONIN CONFER A	DDBECC:			
	Registered Office Address (MUST BE FLORIDA STREET A		101		
	1211 FAST NEW HAVEN AVE				
	MELBOURNE ,FL	320	101		→ ≌
					AON 71
(b)	Enter name of NEW Registered Agent and/or NEW Registered (Office addr	<u></u>		I AG
					F CE SE
					OF STATE IRPURATIONS FM 1:26
	NEW Registered Office Address:		· · · · · · · · · · · · · · · · · · ·		STATE RATION
	1373 ALTO VISTA DR				580 SNOI SNOI
	Melbourne ,FL	7-	G 4 a		***
	Melbourne ,FL	لدي	2140		
	mited liability company is not organized under the law- nge or changes are made, the Florida street address of t				
	rill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of				
	cles of organization or the operating agreement of the li	imited lia	bility company.		•
Ciaman	ure of a member or authorized representative of a member		AWLENCE Printed or ty	<u> Xoc</u>	<u> </u>
	•				
provision the obli to mere	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided ly reflect a change in the registered office address, I he is in writing of this change	e to act to performan for in Ch pereby con	n this capacity. I fur ice of my duties, and lapter 605, F.S. Or, firm that the limited	ther agree to I am familian if this docume Tiability com	comply with the r with and accept ent is being filed pany has been
Signatur	e of Registered Agent				

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