

L15000043380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

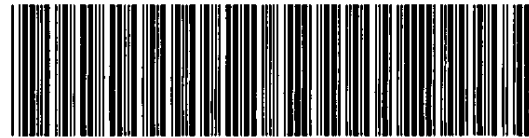
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200299037112

05/16/17--01025--003 **25.00

17 MAY 30 AM 10:44

FILED

O SIMMONS
MAY 31 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2017

BENJIE CHONG
9590 SHEPARD PL
WELLINGTON, FL 33414

SUBJECT: BEACHON REALTY, LLC
Ref. Number: L15000043380

We have received your document for BEACHON REALTY, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 517A00009852

RECEIVED

2017 MAY 30 AM 11:17

CLERK OF THE COURT
TALLAHASSEE, FLORIDA

attached
See document, signed this time.

**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.

Beachon Realty LLC

1. Name of the limited liability company: Beachon Realty LLC
2. (a) 9590 Shepard Place, Wellington, FL 33414 (b) 9590 Shepard Place, Wellington, FL 3341

Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*

Mailing address of limited liability company:
*(Note: **MAY BE POST OFFICE BOX**)*

03/10/2015

L15000043380

3. Date of filing/registration in Florida 4. Document number
United States Corporation Agents, Inc

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13302 Winding Oak Court

Registered Office Address *(**MUST BE FLORIDA STREET ADDRESS**)*

Tampa, FL 33612

Benjie Chong

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
9590 Shepard Place

Wellington, FL 33414

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.

Benjie Chong

Signature of a member or authorized representative of a member

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.

Signature of Registered Agent

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