

L 15000085246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

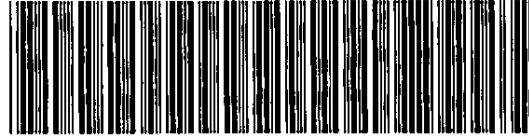
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600279079426

11/16/15--01041--023 **55.00

FILED

2015 NOV 16 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

NOV 19 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Beach Spa 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:

Charity T. Cain
Name of Person

The Beach Spa
Firm/Company

P.O. Box 362
Address

Fort Pierce / FL. 34949
City/State and Zip Code

charitycain@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charity Cain at (941) 275 3069
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: The Beach Spa LLC.
2. (a) The Beach Spa LLC. Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
946 B Seaway Dr.
Fort. Pierce, FL 34949
- (b) The Beach Spa LLC. Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
P.O. Box 362
Fort Pierce, FL 34954
3. 5/13/15 Date of filing/registration in Florida
4. 45000085246 Document number
5. (a) Charity T Cain
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
850 NW Federal Hwy
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
218
Stuart, FL 34994
- (b) Robin Easterling
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
The Beach Spa LLC.
NEW Registered Office Address:
946 B. Seaway Drive
Fort Pierce, FL 34949

FILED
2015 NOV 16 PM 12:46
SECRETARY OF STATE
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.

Charity T. Cain
Signature of a member or authorized representative of a member

Charity T. Cain
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.

Robin E Easterling
Signature of Registered Agent