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COVER LETTER

TO: Registration Section Division of Corporations				
·				
SUBJECT: BEACH SO	TOURN LLC mited Liability Company			
Name of Lis	mited 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:				
CHERYII BUCHYMSKI				
Name of Person				
BEACH Sajourn, LLC. Firm/Company				
Firm/Company				
860 Soull ISLE Blad.				
860 Snell ISLE Blvd. Address				
81 Demochus a 33761				
St. PETERS burg, FL 33704 City/State and Zip Code				
Churunski @ hotmail.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
CHEEN/11 Buchynsk, at (727) 502-9093				
Name of Person at (_	727) 502 - 9093 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Fee	□ \$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.

1. Na	ame of the limited liability company: BEACH SQJOURN, L	LC.
	860 SNEIL ISLE BLVd. STRITE PL(b) SQM	
, ,	Principal office address of limited liability company: 33704 Mailing	address of limited liability company: MAY BE POST OFFICE BOX)
		000165157
3.	Date of filing/registration in Florida 4. Documents	nent humber
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 13302 Winding OAK Court SuiteA Registered Office Address (AUST BE FLORIDA STREET ADDRESS)	1.5% 18
/L)	Tampa .FL 33612	FILED PR 3: 56
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	3. 56
	860 JNEII 15/E Blrds NEW Registered Office Address:	
	St. Perzes burg .FL 33764	
the cha agent v was/wa	imited liability company is not organized under the laws of the State of Florida, it unge or changes are made, the Florida street address of the registered office and the vill be identical. Or, in the case of a Florida limited liability company, it is herefore authorized by an affirmative vote of the members of the limited liability company, cles of organization or the operating agreement of the limited liability company.	ne business office of the registered by confirmed that the change(s)
C	Augus Buch. CHERY// ture of a member or authorized representative of a member Printer	Buch yaski
_	Times	or typed name or signed
provisi the obl to mere notified	by accept the appointment as registered agent and agree to act in this capacity. ons of all statutes relative to the proper and complete performance of my duties, igations of my position as registered agent as provided for in Chapter 605, F.S. ely reflect a change in the registered office address, I hereby confirm that the limb in writing of this change.	I further agree to comply with the and I am familiar with and accept Or, if this document is being filed ited liability company has been
Signatu	ery il Bushy re of Registered Agent	

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

INHS18 (2/14)