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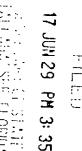
(Requestor's Name)					
(Address)					
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PICK-UP	☐ WAIT	MAIL			
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S. WARREN
JUN 3 0 2017

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Booch 18 band Volations 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:				
Emily Payre Name of Person					
Beach Island Vocations L	LC				
750 E Sample Road, B3240	<u></u>				
Pomparo Beach FL 3306	4				
CCCCUnting Obeach island Volation E-mail address to be used for future annual report in	notification)				
For further information concerning this matter, please call:					
Emily Payne at 195	4 1933–3518 Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section Division of Corporations	Registration Section Division of Corporations				
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314				
Tallahassee, Florida 32301	Fananassee, 1 1000a 52514				
Enclosed is a check for the following amount:					

☐ \$55 Filing Fee & Certified Copy

\$25 Filling Fee

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.

runu				
1. No	ame of the limited liability company: <u>Beach</u>	18 band V	aca+1005	<u>s LLC</u>
2. (a)	750 E. Sample Rd. Principal office address of limited liability company:	(b)c	50 E. Sam Mailing address of limite	
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POS	T OFFICE BOX)
	OFFICE 63-240	_ <u>Cff</u>	-ice 63-2	_40
	Pampano Bch. Fl 33C64	- 50%	ntono po	n.FL 3306
3.	2/18/2016 Date of filing/registration in Florida	<u>L10</u>	600034	186
	(00 0	ч.	(A)Cument number	
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dent. of S	 State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		":
	750 E. Sample Rd		<u>;</u> ;	1) 1 - () L
	CFFICE 62-204 Pompono. FI	22011		F11_0
	boah			1 1 1
(b)	Emily Payne		_	.는 꽃 ♡
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	I Office address:		9. 35 1080
	750 F. Sample Rd			Start of
	NEW Registered Office Address:			
	OFFICE 63-240		_	
	Pomparo bon	33064		
the cha agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li eye authorized by an affirmative vote of the members	f the registered off iability company, i of the limited liabi	fice and the business of it is hereby confirmed bility company or as oth	ffice of the registered— that the change(s)
the ary	feles of organization or the operating agreement of the	Imited hability c	company.	unQ
	nture of a member or authorized representative of a member		Printed or typed name	of signee
provis the ob to max	Pby accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided selvent a change for the registered office address. It is writing of this allunge:	ree to act in this co e performance of n ed for in Chapter 6 hereby confirm th	apacity. I further agree by duties, and I am fan 505, F.S. Or, if this do an the limited liability	re to comply with the niliar with and accept cument is being filed company has been

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

INHS18 (2/14)