117000001279

(Requestor's Name)					
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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625					

Office Use Only



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04/05/17--01017--013 **25.00

APR 19 2017 S. YOUNG

SEGRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2017

DAVID DUVERNAY FLORIDA BEACH ADVERTISING 8954 111TH STREET SEMINOLE, FL 33772

SUBJECT: FLORIDA BEACH ADVERTISING LLC

Ref. Number: L17000001279

We have received your document for FLORIDA BEACH ADVERTISING 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Shelia H Young Regulatory Specialist II

Letter Number: 517A00006638

SECRETARY OF STATE AT ALLIAHASSEE FLORIDA

APR 17 PM 3: 82

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Florida Beach Advertising		
Nam	ne of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	is matter to the following:	
David DuVernay	•	
Name of Person	<u> </u>	
Florida Beach Advertising		
Firm/Company	 	
8954 111th Street		
Address	 	
Seminole, FL 33772		
City/State and Zip Code	·	
dduvernay727@gmail.com		
E-mail address: (to be used for future ann	ual report notification)	
For further information concerning this matter,	please call:	
David DuVernay	727 906-7993	
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	
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.

Name of the limited liability company:	rida Beach A	4dverti	sing	
8954 111th Street		(b) 8954 111th Street		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
Seminole, FL 33772		-	Seminol	e, FL 33772
January 3, 2017		L	.1700000	01279
Date of filing/registration in Flo	rida	4.		Document number
a) DUVERNAY, DAVID M				
Registered Office Address (MUST BE FLOR	IDA STREET AD	DRESS)	,	-
5512 48th Ave. N. Kenneth City	, FL_3	3709		
DUVERNAY, DAVID M Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered O	ffice add	ress:	APR -5
				P
NEW Registered Office Address:				2: 04
8954 111th Street				₹ (
Seminole	, _{FL} 3	3772		_
limited liability company is not organized hange or changes are made, the Florida stre will be identical. Or, in the case of a Floriwere authorized by an affirmative vote of the rticles of organization of the operating agre	eet address of the ida limited liab the members of the line ement of the line	ne regist fility con the limi mited li	ered office npany, it is ted liability	e and the business office of the registe s hereby confirmed that the change(s) y company or as otherwise provided in apany.
nature of a member or authorized representative of a				Printed or typed name of signee
reby accept the appointment as registered a sions of all statutes relative to the proper a bligations of my position as registered ages erely reflect a change in the registered offic led in writing of this change.	igent and agree ind complete pe nt as provided j ce address, I he	e to act erforma for in C reby co	in this cap nce of my hapter 605 nfirm that	acity. I further agree to comply with t duties, and I am familiar with and acc 5, F.S. Or, if this document is being fil the limited liability company has been

Signature of Registered Agent