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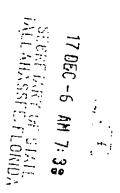
(Requestor's Name) (Address) (Address)			
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PICK-UP WAIT MAIL			
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: South Walton Beach Chair Cours (Name of Limited Liability Company)				
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to:				
Samie (Contact Person)				
South Walten Beach Chuir Guys (Firm/Company)				
101 Perimeter Place (Address)				
Free part F1 32439 (City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Contact Person) at (850) 114-1150 (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for: \$\sumsymbol{U}\\$25 \text{Filing Fee} \\$55 \text{Filing Fee & Certified Copy}\$				
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				

CR2E079 (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. 1	Name of the limited liability company:South_ Wall	un Beach Chair buys LLC
2. (a	Principal office address of limited liability company:	(b)Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
	Frequet, FL 32439	
	01/26/17	L17000020525
3.	Date of filing/registration in Florida 4.	Document number
5. (a) William Keystered Office shown on the records of the Flor	rida Dept. of State:
	SOL A LOT ADIO	
	50 Quiet Cove Registered Office Address (MUST BE FLORIDA STREET ADDRE	<u></u>
	Frequot , FL_	3 <u>4439</u>
(b	o) Jamie Code	All Ass
	Enter name of NEW Registered Agent and/or NEW Registered Office	address:
	101 Perimeter Place	address:
	NEW Registered Office Address:	77 69
	Freeport FL 3	2-134
_		
the c agen	e limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the rest will be identical. Or, in the case of a Florida limited liability	egistered office and the business office of the registered company, it is hereby confirmed that the change(s)
	were authorized by an affirmative vote of the members of the larticles of organization or the operating agreement of the limite	
	() (a)C	Samic CoolC Printed or typed name of signee
Sig	nature of a member or authorized representative of a member	Printed or typed name of signee
provi the o to me	reby accept the appointment as registered agent and agree to a isions of all statutes relative to the proper and complete perfole bligations of my position as registered agent as provided for it erely reflect a change in the registered office address, I hereby field in writing of this change.	act in this capacity. I further agree to comply with the rmance of my duties, and I am familiar with and accept n Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
) cul	
Sjgna	alure of Registered Agent	