L170000057928

(Re	equestor's Name)			
(Ac	idress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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		,		

Office Use Only



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17 MAR 27 PM 2: 56

MAR 28 2017 J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	Beach Jeep Rentals LLC					
Name of Limited Liability Company						
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Office	Change an	nd fee(s) are submitted for filing.			
Please	return all correspondence concerning this r	natter to th	e following:			
Nancy	y Brown					
·	Name of Person					
Beach	n Jeep Rentals LLS					
	Firm/Company					
101 N	. Pine St., # 10					
	Address					
New S	Smyrna Beach / FL 32169					
<u> </u>	City/State and Zip Code					
Nbrow	vn1954@hotmail.com					
E-	mail address: (to be used for future annual	report not	ification)			
For furt	ther information concerning this matter, ple	ease call:				
Nancy	Brown	407 at (399-0913			
	Name of Person	<u> </u>	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	AAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Callahassee, Florida 32314			
Enclosed is a check for the following amount:						
	■ \$25 Filing Fee	- 5	\$55 Filing Fee & Certified Copy			

TO:

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	me of the limited liability company: Beach Jeep Ro	ental	s LLC			
2. (a)	101 N. Pine St.		(b) 101 N. F	Pine St.		·
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited (Note: MAY BE POST	•	•
	# 10	_	#10			
	New Smyrna Beach, FL 32169	_	New Sm	yrna Beach, FL 32	2169	
	03/13/17		L1700000)57928		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Susan Mills					
J. (a)	Registered Agent and Registered Office shown on the records of th	ne Flor	ida Dept. of State	- 2:		
	101 N. Pine St.					
	Registered Office Address (MUST BE FLORIDA STREET A	DDR <u>E</u>	SS)	•		
	# 10			_		
	New Smyrna Beach	3216	9		17	
4.	Susan Millis			•	MAR 27	
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office a	nddress:		27	
					PH	50 200
	101 N. Pine St.				بغ	
	NEW Registered Office Address:				9	2
	# 10					
	New Smyrna Beach , FL 3	3216	9			
the cha agent w was/we the arti	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the liability of a member of a member of authorized representative of a member of accept the appointment as registered agent and agree ones of all statutes relative to the proper and complete propers of my position as registered agent as provided.	he registry the li	gistered office company, it is mited liability liability com NANCY at in this cane	e and the business offices hereby confirmed they company or as other apany. Printed or typed name of the printed or typed name of typed name	at the chan wise provi	egistered age(s) ded in
to mere	is accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete programment of my position as registered agent as provided by reflect a change in the registered office address, I he writing of this change.	ereby	confirm that i	the limited liability co	mpany has	ng jileu s been