117000102131

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(Address)					
(Address)					
(City/State/Zip/Phone #)					
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(Document Number)					
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2017

ANN TIGHE 539 MIDDLE ROAD GULFSTREAM, FL 33483

SUBJECT: COPPER BEECH DESIGN LLC

Ref. Number: L17000102131

We have received your document for COPPER BEECH DESIGN 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):

IF CHANGING THE REGISTERED AGENT, MUST CHANGE THE REGISTERED ADDRESS ALSO, CAN NOT USE THE CT CORPORATION SYSTEM ADDRESS FOR ANN TIGHE

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 317A00024881

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Copper Beech Derign, 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:						
Ann Tighe						
Name of Person						
Copper Beech Design, LCC Firm/Company						
Firm/Company						
539 Middle Roal						
Address						
Gulf Stream, EL 33483 City/State and Zip Code						
City/State and Zip Code						
annt107080 mac.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Ann Tighe at 914, 953-4924						
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 \$\square\$ \$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 section's 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.

Florida	<i>~</i> ^		l	
I. Na	me of the limited liability company: <u>Copper</u>	Be	ech Desie	on, LLC
2. (a)		(b)	1	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)-	Mailing addres	s of limited liability company: **BE POST OFFICE BOX**
	539 Middle Road Gulf Stram, FL 33483	- -	539 Mida	
	Gulf Stram, FL 33483		Gulf Streat	n, FL 334P3
	5/31/17	_	L17000	
3.	Date of filing/registration in Florida	4.	Document:	number
5. (a)				
(,	Registered Agent and Registered Office shown on the records of the		ept. of State:	
	CT Corporation System	ı	1	
	Registered Office Address (MUST BE FLORIDA STREET AL		·	
	1200 South Pine Island	00		
	Plantalin ,FL			
	,FL	<u> </u>		, <u>p</u>
(b)				NISI NISI NISI NISI
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office addr	<u></u>	DAN OF
	1 -		-	
	Ann Tighe			⊋ CRPC
	NEW Registered Office Address:	-		or o
	539 Middle Road			: 5 1
	010-1	221/0	12	,
	GUP Streem , FL	37 Y8	2	
the cha agent w was/we	mited liability company is not organized under the law- nge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	he registed bility come the community in	red office and the but pany, it is hereby cored liability company bility company.	siness office of the registered ifirmed that the change(s) or as otherwise provided in
Signat	ure of a member or authorized representative of a member		Ann Tighe. Printed or ty	ped name of signee
provision the oblination mere notification	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided the reflect a change in the registered office address. I have in writing of this change.	e to act in performan for in Ch pereby con	this capacity. I furt	her garee to comply with the