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(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
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(Business Entity Name)	
(Document Number)	_
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COVER LETTER

TO: Registration Section Division of Corporations	
DSE Beach Enterprises SUBJECT:	
	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Donna Edwards	
Name of Person	
DSE Beach Enterprises, LLC	
Firm/Company	 _
14565 Innerarity Point Rd	
Address	
Pensacola, FL 32507	
City/State and Zip Code	
Donna@dsebeach.enterprises	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter,	please call:
Donna Edwards	503 781-1325
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 FOI LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compan submits the following statement in order to change its registered office or registered agent, or both, in the State c

. Na	me of the limited liability company: DSE Beach	h Enterprises	
(a)	14565 Innerarity Point Rd	(b) 14	565 Innerarity Point Rd
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\ \ -	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Pensacola, FL 32507	Pe	nsacola, FL 32507
	July 31, 2017		000162574
	Date of filing/registration in Florida	 4.	Document number
(X	United States Corporation Agents, Inc		
(a)	Registered Agent and Registered Office shown on the records	s of the Florida Dept	. of State:
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	—————————————————————————————————————
	Tampa	FL_33612	
(b)	Donna Edwards Enter name of NEW Registered Agent and/or NEW Registered	ered Office address:	10. °
	NEW Registered Office Address:	<u></u>	
	14565 Innerarity Point Road	<u>.</u>	·
	Pensacola	_{FL} 32507	
e cha gent w as/we e arti Signal herel rovisi e obl	mited liability company is not organized under the rige or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member of organization on the operating agreement of the unure of a member or authorized representative of a member of a member of all statutes relative to the proper and complications of my position as registered agent as provely reflect a change in the registered office address I in writing of this change.	s of the registered diability comparts of the limited liability the limited liability Donna l	I office and the business office of the registere ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. Edwards Printed or typed name of signee his capacity. I further agree to comply with the

Signature of Registered Agent