## L17000190991

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
(City/State/Zipir-Hone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					

Office Use Only



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DEC 12 mm S. YOUNG

## **COVER LETTER**

_	on of Corporations						
SUBJECT:	Eleven Beaches, LLC						
Name of Limited Liability Company							
Dear Sir or M	adam:						
The enclosed	Registered Agent/Registered (	Office Change and	fee(s) are submitted for filing.				
Please return a	all correspondence concerning	this matter to the	following:				
Leonard M. Bu	llock, IV						
	Name of Person						
Eleven Beache	s, LLC						
	Firm/Company		<del></del>				
P.O. Box 2063	7						
	Address		<del></del>				
Panama City B	each, FL 32417						
<u> </u>	City/State and Zip Code	e	_				
LeoBullock@0	Outlook.com						
E-mail a	ddress: (to be used for future a	innual report notif	ication)				
For further inf	formation concerning this matt	er, please call:					
Leo Bullock		850 at (	851-8878				
	Name of Person	ut (	Area Code & Daytime Telephone Number				
Regis Divis P.O. I	ng Address: tration Section ion of Corporations Box 6327 nassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclo	sed is a check for the followi	ng amount:					
■ \$25	5 Filing Fee	<b>□</b> \$3	□ \$55 Filing Fee & Certified Copy				

## 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.

l. Na	me of the limited liability company: Eleven Beaches.	LLC		
2. (a)		(b) _		
( )	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	8623 North Lagoon Drive Unit B10	P	O. Box 2	0637
	Panama City Beach, FL 32408	P	anama Cit	ty Beach. FL 32417
	September 12th, 2017	L1	70001909	91
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Leonard M. Bullock, IV			
J. (u)	Registered Agent and Registered Office shown on the records o	· · · · · · · · · · · · · · · · · · ·		
	6724 Beach Drive	2820 NOV		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	Panama City Beach	L_32408		and and Larentzah
(b)	Leonard M. Bullock, IV	PM : 23		
• •	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>			
	8623 North Lagoon Drive			
	NEW Registered Office Address:			
	Unit B10			
	Panama City Beach, F.	L_ <sup>32408</sup>		
change agent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the	e registered of iability comp of the limited e limited liab	office and pany, it is d liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Signat	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete in the proper and complete in the registered agent as provide ly reflect a change in the registered office address. It is writing of this change.	? performanc	e of my d	luties, and I am familiar with and accent
Signatur	re of Registered Agent			