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## **COVER LETTER**

Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations		stration Section sion of Corporations		•	
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:  Kylie Conrad & Kayla King  Name of Person  Corp1. Inc.  Firm/Company  7700 E Arapahoe Rd Ste 220  Address  Centennial, CO 80112  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Kylie Conrad  at (720 823-9273)  Name of Person  Area Code & Daytime Telephone Notice of Corporations  Mailing Address:  Registration Section Division of Corporations  Division of Corporations	SUBJECT:				
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Kylie Conrad & Kayla King  Name of Person  Corpl. Inc.  Firm/Company  7700 E Arapahoe Rd Ste 220  Address  Centennial. CO 80112  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter. please call:  Kylie Conrad  at (720) 823-9273  Name of Person  Area Code & Daytime Telephone Notice of Corporations  Mailing Address:  Registration Section Division of Corporations  Division of Corporations		Nar	me of Limited I	Liability Company	
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For further information concerning this matter, please call:    Kylie Conrad		City/State and Zip Code			
Kylie Conrad  Name of Person  Name of Person  Area Code & Daytime Telephone No.  Mailing Address: Registration Section Division of Corporations  Registration Section Division of Corporations	E-mail	address: (to be used for future an	nual report noti	fication)	
Name of Person  Area Code & Daytime Telephone No  Mailing Address:  Registration Section  Division of Corporations  at ()  Area Code & Daytime Telephone No  Street Address:  Registration Section  Division of Corporations	For further in	nformation concerning this matter	, please call:		
Name of Person  Area Code & Daytime Telephone No  Mailing Address:  Registration Section  Division of Corporations  Area Code & Daytime Telephone No  Street Address:  Registration Section  Division of Corporations	Kylie Conrad		,	823-9273	
Registration Section  Division of Corporations  Registration Section  Division of Corporations		Name of Person	(	Area Code & Daytime Telephone Number	
	Regi Divi P.O.	istration Section ision of Corporations . Box 6327		Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
Enclosed is a check for the following amount:	Encl	losed is a check for the following	g amount:		
■ \$25 Filing Fee	€ \$2	25 Filing Fee	☐ \$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.

1. Na	ame of the limited liability company:  Beyond Wawase	t, LLC		
2. (a)	3440 S OCEAN BLVD	(b)	3440 S OCEAN	BLVI)
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	_	address of limited liability company:  "MAY BE POST OFFICE BOX"
	APT 305S		APT 305S	
	PALM BEACH, FL 33480		PALM BEACH.	FL 33480
	05/08/2018	1.	18000115632	
3.	Date of filing/registration in Florida		Docu	ment number
5 (a)	CORPORATION SERVICE COMPANY			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:	
	1201 HAYS STREET			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
				£2.
	TALLAHASSEE	32301-252	5	) 10.23
		L	<del></del>	N (2)
7 l. s	Registered Agents Inc			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	ess:	=:
				. 27
	7901 4th St N		<u></u>	
	NEW Registered Office Address:			
	Ste 300			
	St. Petersburg	33702		
change agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members icles of organization or the operating agreement of the RONALD DAVIS	e registered iability com of the limit e limited lia	office and the lipany, it is here ed liability com	business office of the registered by confirmed that the change(s) pany or as otherwise provided in
	nure of a member or authorized representative of a member			ed or typed name of signee
I here provis the ob- to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	e performat 2d for in Cl	n this capacity. ace of my duties anter 605, F.S.	I further agree to comply with the and I am familiar with and accept Or, if this document is being filed
/s/ Da	wid Roberts			
Signati	are of Registered Agent			