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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE DAYTONA BEACH SOCIAL, LLC

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY CQMPANY

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. N	Same of the limited liability company: Daytona	a Beach S	ocial, 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)
	06/28/2018	·········	000158638
3.	Date of filing/registration in Florida	4.	Document number
5. (a	BARNUM, MARC-DAVID A		
	Registered Agent and Registered Office shown on the records of 2000 NL 6th, Stroot STE: 774	of the Florida Dept. o	of State:
	2800 N 6th Street STE: 774  Registered Office Address (MUST BE FLORIDA STREET)	T ADDRESS)	·t-·
	Saint Augustine Registered Agents Inc.	<sub>т.</sub> 32084	
(b	) <del>.</del>	A (195 an address)	<u> </u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> 7901 4th St N	ed Office address.	22 F
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	<sub>FL</sub> 33702	
the clagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the first task.	of the registered liability compan s of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
Sign	nature of a member or authorized representative of a member	Tricy	Printed or typed name of signee
I her provi the of to me notifi	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provide the reflect a change in the registered office address, ed in writing of this change.	te performance o ded for in Chante	s capacity. I further agree to comply with the f my duties, and I am familiar with and accept or 605. F.S. Or. if this document is being filed
	ture of Registered Agent		