## Florida Departments of Strate División of Corporation Electronic Filling Gover Sheet

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(((H220001249173)))



H220001249173ABC

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Division of Corporations

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## LLC REGISTERED AGENT CHANGE BEACON AT SEMINOLE LAKES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 APR -6 AM 9: 01

APPROVED
AND
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(((H22000124917 3)))

## 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.

	ame of the limited liability company: BEACON AT SE				
. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)_	Mailing addres	ss of limited liability company:  Y BE POST OFFICE BOX	
	310 S FIELDING AVENUE	3	TAMPA, FL 33606		
	TAMPA, FL 33606				
	10/05/2018 (EFFECTIVE) / 10/03/2018 (FILED)	L18000234913			
	Date of filing/registration in Florida	- <sub>4.</sub> -	Document	number	
(n)					
(a)	Registered Agent and Registered Office shown on the records of	the Florida De	ept. of State:		
	PARKER JOHN RITZDORF				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	310 S FIELDING AVENUE				
	TAMPA	33606 L			
	, F)	L	<del></del>	202	
/h>				2022 APR	
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addre	<u> </u>		
	PARKER RITZDORF			AND FILED	
	NEW Registered Office Address:		<del></del>		
	310 S FIELDING AVENUE			10 <b>.6</b>	
	ТАМРА	L			
ange ent v is/w 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 liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the Ritzdorf	ws of the St e registered lability comp of the limite e limited liab	office and the busine pany, it is hereby coned liability company bility company.  ER J. RITZDORF	ess office of the registered infirmed that the change(s) or as otherwise provided in	
-	ture of a member or authorized representative of a member		•	ped name of signee	
ovis e ob. mer	by accept the appointment as registered agent and ag tions 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.	ree to act in performant ed for in Chi hereby conf	this capacity. I furt ce of my duties, and apter 605, F.S. Or, i arm that the limited	ther agree to comply with the Lam familiar with and acce of this document is being file liability company has been	
	re of Registered Agent (Parker Ritzdorf)				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

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