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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

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

Email	Address:		
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LLC REGISTERED AGENT CHANGE 3335 BEECH RIDGE LLC

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15129570210

COVER LETTER TO: Registration Section **Division of Corporations** 3335 BEECH RIDGE LLC Name of Limited Liability Company 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: Joshua Murphy Name of Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, TX 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joshua Murphy 888 Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Taliahassee, Florida 32314 2661 Executive Center Circle

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Tallahassee, Florida 32301

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Enclosed is a check for the following amount:

15129570210

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.

. Na	me of the limited liability company: 3335 BEI	CH RIDGE L	LC	
. (a)	27 OLD GATE HILL LN	(b) P.O .	Box 54	
- ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POST	OFFICE BOX
	STONY POINT, NY 10980		/ Point, NY 1	10300
	8/14/2019	L1900	0203038	
	Date of filing/registration in Florida	4.	Document number	
. (a)	BLUMBERGEXCELSIOR CORPORATE S	ERVICES, INC.		
. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of Sta	_ te:	
	155 OFFICE PLAZA DR, 1S	TFL		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	-	
				2.828
	TALLAHASSEE,	, 32301	_	100 S
		L	_	
(b) _	Registered Agent Solutions, Inc.			:,' on
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	-	PH 2:
	155 Office Plaza Dr.			· · · · · · · · · · · · · · · · · · ·
	NEW Registered Office Address:		-	•
	Suite A		_	
				

the articles of organization or the operating agreement of the limited liability company.

/s/	Patrick J. Magee		Patrick J. Magee	Member	
Signature of a member or authorized representative of a member			Printed or typed name of signee		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hart, Asst, Secretary

Signature of Registered Agent