

L19000265853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

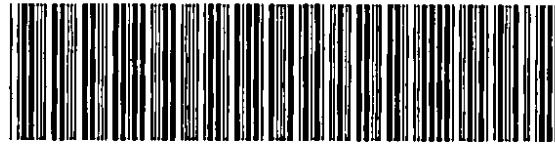
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000337459100

12/11/19--01005--010 **25.00

FILED
2019 DEC 11 PM 4:23
SECOND JURY OF STATE
TALLAHASSEE, FLORIDA

RA/RO/CHG

JAN 14 2020
ALBRITTON

COVER LETTER

To: Registration Section
Division of Corporations

1117 BeachDel LLC

SUBJECT: _____
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:

Deborah A. Woodman, CPA

Name of Person

WFS, LLC

Firm/Company

9 Crooked Pond Dr.

Address

Boxford, MA 01921

City/State and Zip Code

deborah.woodman@wfs.us.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah A. Woodman

978

853-9174

at (

)

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

TATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

rsuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company hmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company: 1117 BeachDel LLC

(a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

October 23, 2019 1.19000265853 Date of filing/registration in Florida 4. Document number

(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Keith D. Kern PA

Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 238 NE 1st Ave Delray Beach, FL 33444

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Ellan Cates-Smith NEW Registered Office Address: 1125 Beach Drive Delray Beach, FL 33483

FILED 2019 DEC 11 PM 4:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA

f the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the hange or changes are made, the Florida street address of the registered office and the business office of the registered gent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) as/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ne articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member Deborah A. Woodman, CPA Printed or typed name of signee

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

Signature of Registered Agent