Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000230388 3)))



H210002303883ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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.\*\*

Email	Address:	
-------	----------	--

## LLC REGISTERED AGENT CHANGE DSM BEACH VILLA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help



## 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	nme of the limited liability company: DSM BE	ACH VILLA	, LLC		_
	10140 E CTY HWY	(b) 721 CREEKSIDE BEND			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited li (Note: MAY BE POST O	lability company:	-
	30A A401				_
	INLET BEACH, FL 32461	ALPHAR	RETTA. GA 30004	<del> </del>	_
	04/23/2021	L210001	190678		
3.	Date of filing/registration in Florida	4.	Document number		_
	LOVIDAY				
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept, of State	- 21		
	10140 E CTY HWY				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	•		
	30A A401		_	√ r≥	
	INLET BEACH FI	32461			
(b)	Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Registered  7901 4th St N  NEW Registered Office Address:	l Office address:	-	2021 JUN 10 AM 8: 40 ALLAHASSEE, FLORIDA	
	STE 300			<b>.</b> –	
	St. Petersburg	33702	-		
the ch agent	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members licles of organization or the operating agreement of the	t the registered officiability company, it is of the limited liability.	e and the odsmess offi is hereby confirmed that ty company or as other	at the change(s)	:d
R:1	lug tark.	Riley Park	Printed or typed name of	F. ionau	_
_	ature of a member or authorized representative of a member	was to act in this can			e
provis the ob to mer notifie	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ad in writing of this change.  Bill Havre - Assistan	e perjormance oj my 21 for in Chanter 61)	5 F.S. Or if this docu	ument is being file	pt d
Signat	ure of Registered Agent				

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