L21000530316

(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:						





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TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations					
SUBJECT:	Beach Homes LLC Series Diamond					
SUBJECT.	Name of Limited Liability Company					
Dear Sir or N	Лаdam:					
The enclosed	d Registered Agent/Registered	Office Change and fo	ee(s) are submitted for filing.			
Please return	all correspondence concernin	g this matter to the fo	ollowing:			
Mark Griffin,	Trustee					
	Name of Person		_			
Griffin Famil	y Revocable Trust Dated June 30	, 2016, 100% Ownersh	ip			
	Firm/Company		_			
821 27th Ave	N					
	Address					
St Petersburg	, FL, 33704					
	City/State and Zip Coo	de	_			
RMGRIFFIN	512@gmail.com					
E-mail	address: (to be used for future	annual report notific	ration)			
For further in	nformation concerning this ma	itter, please call:				
Mark Griffin		512 at (762-4664			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Div P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	losed is a check for the follow	ving amount:				
■ \$	25 Filing Fee	□ \$55	☐ \$55 Filing Fee & Certified Copy			

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.

2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) St Petersburg, FL, 33704 Detober 24, 2024 Date of filing/registration in Florida Registered Agents Inc. Registered Agent and Registered Office shown on the records of 7901 4th Street N STE 300	 4.	St Petersb	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) ourg, FL. 33704
	(Note: MUST BE STREET ADDRESS) St Petersburg, FL, 33704 Detober 24, 2024 Date of filing/registration in Florida Registered Agents Inc. Registered Agent and Registered Office shown on the records of 7901 4th Street N STE 300	 4.	St Petersb	(Note: MAY BE POST OFFICE BOX) purg, FL. 33704
- - - 3 5. (a) F R	Detober 24, 2024 Date of filing/registration in Florida Registered Agents Inc. Registered Agent and Registered Office shown on the records of 7901 4th Street N STE 300		L21000530	316
3. 5. (a) F	Date of filing/registration in Florida Registered Agents Inc. Registered Agent and Registered Office shown on the records of 7901 4th Street N STE 300			
5. (a) $\frac{F}{R}$	Registered Agents Inc. Registered Agent and Registered Office shown on the records of 7901 4th Street N STE 300			Document number
). (a) _ R	Registered Agent and Registered Office shown on the records of 7901 4th Street N STE 300	the Florida		
R	7901 4th Street N STE 300	the Florida		
			i Dept. of Sta	te:
j	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	2	_
<u>-</u>	St Petersburg . FI	33702		24.00T
(b) _	Mark Griffin			CT 28
E	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dręss:	
_	821 27th Ave N			<u> </u>
2	NEW Registered Office Address:			
-	St Petersburg FI	33704		-
change o agent wi was/were	nited liability company is not organized under the last changes are made, the Florida street address of the II be identical. Or, in the case of a Florida limited lie authorized by an affirmative vote of the members of the organization or the operating agreement of the	ws of the register ability co of the lin limited	ed office ar impany, it i nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Signatur	Signature of a member or authorized representative of a member			Printed or typed name of signee
provision the oblig to merel	vaccept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide wreflect a change in the registered office address, I in writing of this change.	nertorm.	ance of my	duties, and Lam tamiliar with and accept
Signature	of Registered Agent			