## L21000530318

(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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## **COVER LETTER**

Division of Corporations		
Beach Homes LLC Series Sapphire SUBJECT:		
	led 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:	
Mark Griffin, Trustee		
Name of Person	<del></del>	
Griffin Family Revocable Trust Dated June 30, 2016, 100% Ox	wnership	
Firm/Company	<del></del>	
821 27th Ave N		
Address	<del></del>	
St Petersburg, FL, 33704		
City/State and Zip Code		
RMGRIFFIN512@gmail.com		
E-mail address: (to be used for future annual report	notification)	
For further information concerning this matter, please call	1:	
Mark Griffin 512	762-4664	
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	

INHS18 (2/14)

## 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.

I. Na	ame of the limited liability company:  Beach Homes L	LC Series S	Sapphire			
2. (a)	821 27th Ave N	(b	(b) 821 27th Ave N			
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	St Petersburg, FL, 33704		St Petersbi	ourg, FL, 33704		
	October 24, 2024	_	L210005303	318		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Registered Agents Inc.					
J. ( <u>-</u> )	Registered Agent and Registered Office shown on the records of 7901 4th Street N STE 300	te:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			24.007		
	St Petersburg . F	L 33702		- 100 No. 100		
(b)	Mark Griffin					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		5: 21, Loalba			
	821 27th Ave N			ř		
	NEW Registered Office Address:			•••		
	St Petersburg	33704		_		
change agent v was/w	limited liability company is not organized under the lie or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization of the operating agreement of the	ne registere liability co s of the lim ne limited l	ed office an mpany, it is ited liabilit iability con	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in		
	m /////	Mar ——	k Griffin	N. C. C.		
I here provis the ob- to mer notifie	nure of a member of authorized representative of a member  by accept the appointment as registered agent and agent of all statules relative to the proper and completed ligations of my position as registered agent as provided in writing of this claimer.  A complete of the proper and completed agent as provided in writing of this claimer.	e performa led for in t	ince of my o	duties, and I am familiar with and accept F.S. Or if this document is being filed		
Signati	are of Registered Agent					