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To: 18506176383

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From Registered Agents Inc. Fax: 2083526281

Florida Department of State Division of Corporations Electronic Billing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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K. SALY

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Fax: 2083526281

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

Page 2/2

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

1. Na	me of the limited liability company:	2 W Beach Park LLC
2. (a)		(b)
	Principal office address of limited liability (Note: MUST BE STREET ADDR	company: Mailing address of limited liability company:
	7901 4th St N STE 300	7901 4th St N STE 300
	St. Petersburg FL 33702	St. Petersburg FL 33702
	02/11/22	L22000071174
3.	Date of filing/registration in Flor	ida 4. Document number
5. (a)	UNITED STATES CORPORATION AGENTS	, INC.
(47)	Registered Agent and Registered Office shown on	
	476 RIVERSIDE AVE.	
	Registered Office Address (MUST BE FLORI	W Registered Office address:
	JACKSONVILLE	FL 32202
(b)	Registered Agents Inc	
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
	7901 4th St N	
	NEW Registered Office Address:	
	STE 300	
	St. Peterspurg	, FL. ³³⁷⁰²
he cha igent w was/we he arti	mited liability company is not organized unge or changes are made, the Florida streetill be identical. Or, in the case of a Florida	inder the laws of the State of Florida, it is hereby confirmed that after it address of the registered office and the business office of the registered la limited liability company, it is hereby confirmed that the change(s) is members of the limited liability company or as otherwise provided in ment of the limited liability company.
Signal	use of a member or authorized representative of a n	nember Printed or typed name of signee
provisi the obli to mere notifica	ons of all statutes relative to the proper ai igations of my position as registered agen by reflect a change in the registered office in writing of this change.	gent and agree to act in this capacity. I further agree to comply with the ad complete performance of my duties, and I am familiar with and accept t as provided for in Chapter 605, F.S. Or, if this document is being filed address. I hereby confirm that the limited liability company has been
7 70/10	David Roberts	- Assistant Secretary