L2200029031S

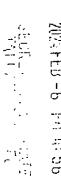
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





100423407441

02/05/24--01013--024 **25.00



COVER LETTER ,

Mystic Beach Properties, LLC SUBJECT:						
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered (Office Change and	I fee(s) are submitted for filing.				
Please return all correspondence concerning	this matter to the	following:				
Courtney Proefrock						
Name of Person						
Anderson Business Advisors		2004FEB -6				
Firm/Company		•				
3225 McLeod Drive, #100		· 구 : 구 : 구 :				
Address		<u> </u>				
Las Vegas, NV 89121						
City/State and Zip Cod	v					
ra@andersonadvisors.com						
E-mail address: (to be used for future	annual report noti	fication)				
For further information concerning this mat	ter, please call:					
Courtney Proefrock	800 at (7064741				
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 follow	ing 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.

1. Na	nme of the limited liability company: Mystic Beach Prop	erties, l	LLC		
2. (a)	7901 4TH ST N, STE 300		(b) 7901 4TH ST N. STE 300		
(/	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 33702	_	ST. PETE	RSBURG, FL 33702	
	06/27/2022	_	L22000290	0315	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	REGISTERED AGENTS, INC				
2. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			2024 FEB -	
	Registered Office Address (MUST BE FLORIDA STREET AD 7901 4TH ST N. STE 300	<u>DDRES</u>	<u>S)</u>	0	
	ST, PETERSBURG	33702			
(b)	Anderson Registered Agents, Inc.				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office at	<u>ddress</u> :		
	625 E. Twiggs Street, Suite 110,				
	NEW Registered Office Address:			_	
	Tampa , FL	33602			
change igent v was/wo the arti	imited liability company is not organized under the laws to or changes are made, the Florida street address of the revill be identical. Or, in the ease of a Florida limited liab the creating authorized by an affirmative vote of the members of acles of organization or the operating agreement of the liability.	egister oility co the lir	ed office ar ompany, it i nited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
			rtney Proefrock		
- Lherei	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p	e to ac erform	t in this cap ance of my	Printed or typed name of signee acity. I further agree to comply with the duties, and I am Jamiliar with and accept	
the obl to mere notified	ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he I in writing of this change.	for in e ereby c	Chaptèr 602 onfirm that	5, F.S. Or, if this document is being filed the limited liability company has been	

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

Signature of Registered Agent