L230000 20263

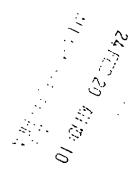
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
(Oit	protaterziph none #	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	<u></u>
Certified Copies	_ Certificates of	Status
	_	
-	PANE	
Special Instructions to	Filing Officer:	ეგ
	MAR-5"	
	Mir.	





100422029101

##25.00 ##25.00



COVER LETTER

Division of Corporations		
Beach Bliss Delray LLC SUBJECT:		
	nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chan	nge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
CHAD SAKONCHICK		
Name of Person		
BETTERLEGAL INC		
Firm/Company		
5473 Blair Rd., Suite 100, PMB 35833		
Address		
Dallas, TX 75231		
City/State and Zip Code		
filings@betterlegal.com		
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matter, please c	call:	
CHAD SAKONCHICK + at (512-969-2339	
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	t:	
■ \$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.

(a)	415 MILLBANK PL		(b) 415 MILLBANK PL
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ROSWELL		ROSWELL
	GA 30076		GA 30076
	01/09/2023		L23000020263
	Date of filing/registration in Florida	4.	. Document number
(a)	UNITED STATES CORPORATION AGENTS, INC.		
()	Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE.	he Flo	lorida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET) JACKSONVILLE	<u>IDDR</u> I	RESS)
		32202	22
(b)	Registered Agents Inc		
	Enter name of NEW Registered Agent and/or NEW Registered	Office	ce address:
	7901 4th St. N STE 300		
	<u>NEW</u> Registered Office Address:		1/3
	St. Petersburg		
	. FL	33702)2
nge nt w :/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of these of organization or the operating agreement of the	regist bility I the l	stered office and the business office of the registered y company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided
	Tic Martin		Eric Martin
onati	are of a member or authorized representative of a member	_	Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Bill Havre, Authorized Representative Signature of Registered Agent