L23000320581

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(Address)				
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(Document Number)				
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Account#: 120000000088
If there are any issues please contact Cheyanne at 850-202-1882

Date:	11/26/2024			
Name:	Cheyanne Davis			
Reference #:	2561215			
	BEACHSID	PROPCO LLC		
	es of Incorporation/Authorization t			
Amendment				
✓ Change of Agent				
Reinstatement				
Conversion				
Merger				
☐ Dissolution/Withdrawal				
☐ Fictitious Name				
Other				
Authorized A	mount:\$25			
Signature:	Ohyma Paine			



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If there are any issues
please contact Cheyanne at
850-202-1882

Date:	11/26/2024				
Name:	Cheyanne Davis	_			
Reference #	#:2561215	_			
		E PROPCO LLC			
☐ Artic	les of Incorporation/Authorization	to Transact Business			
☐ Ame	endment				
Char	nge of Agent				
☐ Rein	statement				
Conv	version				
☐ Merg	ger				
☐ Dissolution/Withdrawal					
☐ Fictit	tious Name				
☐ Othe	er				
Authorized A	Amount: \$25				
Signature: _	Uhyma Paine				

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	me of the limited liability company: BEACH	SIDE PF	ROPCO LLC
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	No.	o Change
	July 6, 2023		L23000320581
-	Date of filing/registration in Florida	4.	Document number
. (a)	BENGIO, JACOB		
. (11)	Registered Agent and Registered Office shown on the records o	t the Florida Dep	of, of State:
	2901 STIRLING ROAD, STE 200		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	2024 D
	FORT LAUDERDALE F	133312	FILED 1024 DEC -4 PM 12: 41 TALLAHASSEE FLORIDA
(b)	COGENCY GLOBAL INC.		
(1))	Enter name of NEW Registered Agent and/or NEW Registere	d Office address	FF. 12:
	115 North Calhoun St., Suite 4		RIDA
	<u>NEW</u> Registered Office Address:		
	Tallahassee	_L 32301	
	, F	1, 02001	
he cha gent v vas/we	mited fiability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the registere iability compa of the limited	ed office and the business office of the registere any, it is hereby confirmed that the change(s) Itability company or as otherwise provided in
	cob Bengio	Jacob B	Bengio
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee
rovisi he obl o mere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and completi- igations of my position as registered agent as provide ily reflect a change in the registered office address. I I in writing of this change.	gree to act in t e performance ed for in Chap Thereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed in that the limited liability company has been
/s/ Tii	m Mayville		
Signatu	re of Registered Agent		

Tim Mayville, Assistant Secretary

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