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(Re	questor's Name)	
(Ad	dress)	
		
(Ad	idress)	
(Cit	ty/State/Zip/Phone	#)
	WAIT	MAIL
(Bu	isiness Entity Nam	e)
	cument Number)	
	coment nomber)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088 If there are any issues please contact Cheyanne at 850-202-1882

Date: _____ 11/26/2024

Name: Cheyanne Davis

Reference #: _____ 2561215

Entity Name: BEACHSIDE HOLDCO LLC

Articles of Incorporation/Authorization to Transact Business

Amendmi	ent
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\checkmark	Change	of	Agent
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Conversion

] Merger

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Dissolution/Withdrawal

Fictitious Nam	е
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Other_____

Authorized	Amount:	\$25
Signature:	(Inyme Paine	

CORPORATE HQ
 COGENCY GLOBAL INC.
 10 E-40¹⁶ ST, 10¹⁶ FL
 NY, NY 10016
 D: +1.212.947.7200
 P: 800.221.0102
 F: 800.944.6607

 € EUROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENGLAND & WALES. REGISTRY 48010712 6 LLOYDS AVE, UNIT 4CL LONDON EC3N 3AX +44 (0)20.3961.3080 ASIA PACIFIC HQ COGENCY GLOBAL (HK) LIMITED A HONG KONG UMITED COMPANY UNIT B, I/F, LIPPO LEIGHTON TOWER IO3 LEIGHTON RD, CAUSEWAY BAY HONG KONG P: +852,2682,9633 F: +852,2682,9790

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)		()	b)	
(3)	Principal office address of limited liability company: (<i>Nate: MUST BE STREET ADDRESS</i>)		Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BON</u>)	
	No Change		No Ch	ange
	July 6, 2023			L23000320589
	Date of filing/registration in Florida	4.		Document number
(a)	BENGIO, JACOB			
(,	Registered Agent and Registered Office shown on the records of	of the Florid	a Dept. of Si	tate:
	2901 STIRLING ROAD, STE 200			- •
	Registered Office Address (MUST BE FLORIDA STREE)	ADDRES.	<u>\$</u>	
	FORT LAUDERDALE	133312	2	FILED
b)	COGENCY GLOBAL INC.			E FI
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office ad	ldress:	0.7.5
	115 North Calhoun St., Suite 4			0r" 6
	<u>NEW</u> Registered Office Address:			
	Tallahassee	L 32301		
cha ent w s/we	mited liability company is not organized under the l nge or changes are made, the Florida street address fill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the of the regi liability co of the lin	e State of I istered off ompany, i nited liabi	ice and the business office of the register it is hereby confirmed that the change(s) hity company or as otherwise provided in
	cob Bengio		ob Bengi	• •
	ure 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.

/s/ Tim Mayville

Signature of Registered Agent

Tim Mayville , Assistant Secretary

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

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