(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:					
J. HORNE					
APR 2 4 2024					

Office Use Only



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2024 APR 23 AH 10: 45

RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 04/23/2024	-		₩WALK IN**
ENTITY NAME THE RI	BEACH HOUSE LLC		
LINTIT WATE			
DOCUMENT NUMBER_			
	**PLEASE FILE THE A	ATTACHED AND RETURN	**
XXXXXXXX	Plain Copy		
	Certified Copy		
	Certificate of Status		
**	PLEASE OBTAIN THE FOLL	OWING FOR THE ABOVE I	ENTTTY**
	Certified Copy of Arts &	Amendments	
	Certificate of Good Standing		
	APOSTILLE' / NOT	TARIAL CERTIFICATION	/
COUNTRY OF DESTINAT	TION		
NUMBER OF CERTIFICA	TES REQUESTED		
TOTAL OWED \$25		ACCOUNT #: I	20160000072
		5 R	THO
Please call Tina at t	he above number for any		•

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: THE RI BEACH HOUSE LLC	
		f Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this m	atter to the following:
Amy P	urdy	
	Name of Person	
SingleF	File Technologies, Inc.	
	Firm/Company	· · · · · · · · · · · · · · · · · · ·
113 Ch	erry St. PMB 70875	
	Address	
Seattle,	. WA 98104	
	City/State and Zip Code	
thomas	1020@live.com	
Е	-mail address: (to be used for future annual	report notification)
For fur	ther information concerning this matter, plea	ase call:
Amy Pi		800-391-9869 at ()
	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 amo	ount:
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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.	Name of the limited liability company: THE RI BEAC	H HOUSE LLC	
2. (a	a)	(b)	_
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing a	ddress of limited liability company: MAY BE POST OFFICE BOX)
	99 SE Mizner Błyd., PH 19	99 SE Mizner Blvd	I, PH 19
	Boca Raton, FL 33432	Boca Raton, FL 33	432
	04/03/2024	L24000159888	
3.	Date of filing/registration in Florida	4. Docum	nent number
5. (a) THOMAS, GARY		
J. (Registered Agent and Registered Office shown on the records	of the Florida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREE	ST ADDRESS)	
	99 E. MIZNER BLVD. PHI		2021
	BOCA RATON	FL_33432	FILED 2024 APR 23 AM 10: 47 2024 APR 23 AM 10: 47
_			23 [6
(t	Enter name of NEW Registered Agent and/or NEW Registe	red Office address:	宝り
			独有
	THOMAS, GARY		5
	NEW Registered Office Address:	<u> </u>	•
	99 SE MIZNER BLVD., PH 19	_	
	BOCA RATON	FL	
chan agen was/	e limited liability company is not organized under the age or changes are made, the Florida street address of the twill be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member articles of organization or the operating agreement of the case.	he registered office and the bu liability company, it is hereby s of the limited liability compa	siness office of the registered confirmed that the change(s)
	/s/ Michael S. Gross	Michael S. Gross, Esq.	
Sig	nature of a member or authorized representative of a member	Printed	or typed name of signee
prov the o to me	reby accept the appointment as registered agent and a visions of all statutes relative to the proper and comple obligations of my position as registered agent as provi erely reflect a change in the registered office address, fied in writing of this change.	gree to act in this capacity. I le performance of my duties, i ded for in Chapter 605, F.S. (I hereby confirm that the limit	further agree to comply with the and I am familiar with and accept Or, if this document is being filed ted liability company has been
	/s/ Gary Thomas		
Signa	ature of Registered Agent		