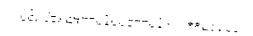
M09000004334

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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200434325232



C8/c4/24

COVER LETTER

Division of Corporations				
SUBJECT: Newbeach Charters, LLC				
Nai	me of Limited	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Of	fice Change a	nd fee(s) are submitted for filin	ι2 .	
	_		0	
Please return all correspondence concerning the	ms matter to t	ne ronowing:		
Benjamin Greenfeld				
Name of Person				
Newbeach Charters, LLC				
Firm/Company				
44 Abele Rd. Ste 400				•
Address			,	,
Address				
Bridgeville PA 15017				£3 0:3 7
City/State and Zip Code			[77] [7]	37
bgreenfeld@waldronpw.com				
E-mail address: (to be used for future an	nual report no	tification)		
For further information concerning this matter	r, please call:			
<u> </u>	•			
Chris Keller	at () 221-8838		
Name of Person		Area Code & Daytime Tel	ephone Nu	ımber
STREET/COURIER ADDRESS:		MAILING ADDRESS:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building		P.O. Box 6327		
2661 Executive Center Circle	•	Tallahassee, Florida 32314		
Tallahassee, Florida 32301				
Enclosed is a check for the following	g amount:			
\$25 Filing Fee		\$55 Filing Fee & Certified Co	ру	

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.

Principal office address of limited liability of (Note: MUST BE STREET ADDRES) Berwyn PA 19312		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX) 44 Abele Rd. Ste 400 Bridgeville PA 15017
	<u></u>	44 Abele Rd. Ste 400
Berwyn PA 19312		
Berwyn PA 19312	 	Bridgeville PA 15017
11/3/2009		M09000004334
Date of filing/registration in Floric	da 4.	Document number
(a) CT Corporation System		
Registered Agent and Registered Office shown on the	he records of the Florida	Dept. of State:
1200 South Pine Island Rd		
Registered Office Address (MUST BE FLORID	A STREET ADDRESS)	,
Trogistion of the transfer of		•
Plantation	, FL33324	753
	·	
(b) Registered Agents Inc		• ,
Enter name of NEW Registered Agent and/or NEW	V Registered Office add	lress:
		112 S
7901 4th St. N Ste 300		
NEW Registered Office Address:		<u></u>
<u></u> v		: 11.1 Co
	- 22502	
St. Petersburg	, FL 33702	,

- Assistant Secretary

David Roberts

Signature of Registered Agent