

M 1000000 4319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

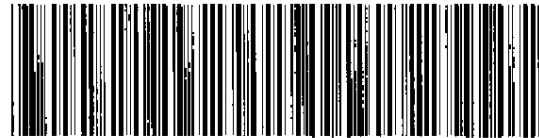
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



400297898944

04/13/17--01010--020 **25.00

17 APR 13 2017
400297898944

APR 14 2017

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beachwold Residential, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashlee Vega

Name of Person

Beachwold Residential, LLC

Firm/Company

192 Lexington Avenue, Suite 901

Address

New York, NY 10016

City/State and Zip Code

avega@beachwold.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashlee Vega

at (646) 354-2114

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$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: Beachwold Residential, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

192 Lexington Avenue, Suite 901

192 Lexington Avenue, Suite 901

New York, NY 10016

New York, NY 10016

September 30, 2010

M10000004319

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

The Kammerman Law Group, P.A.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

790 E. Broward Blvd., Suite 201

Ft. Lauderdale, FL 33301

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

123 NW 13th Street, Suite 312

Boca Raton, FL 33432

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Gideon Z. Friedman

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.

THE KAMMERMAN LAW GROUP, P.A., a Florida professional association

By: [Signature]

Signature of Registered Agent

Marcy H. Kammerman, President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00