## M10000005401

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JUL 17 2013

## **COVER LETTER**

TO: Registration Section **Division of Corporations** BAY LIGHTS MIAMI BEACH DEVELOPMENTS, 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: JOSH BENNETT Name of Person Firm/Company 440 N. ANDREWS AVE. Address FT. LAUDERDALE, FL 33301 City/State and Zip Code JOSH@JOSHBENNETT.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOSH BENNETT Area Code & Daytime Telephone Number Name of Person **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Na	me of the limited liability company: BAY LIGHTS MIAMI BE.	ACH DEVELOPMENTS, LLC	F. 6
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	440 N. ANDREWS AVE. FT. LAUDERDALE, FL 33301	JUL 6
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	440 N. ANDREWS AVE. FT. LAUDERDALE, FL 33301	4
12/08/201	10	M10000005401	39
3. Dat	te of filing/registration in Florida	4. Document number	
5. (a)	Registered Agent and Registered Office shown on the	he records of the Florida I	Dent of State:
()	Registered Agent:	ROBERTO CELEA	
	Registered Office Address:	7300 BISCAYNE BLVD, 300 MIAMI, FL 33138	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office adda	ress:
	NEW Registered Office Address:	440 N. ANDREWS AVE.	
	(MUST BE FLORIDA STREET ADDRESS)	FT. LAUDERDALE	,FL 33301
If the liconfirmand the liability the methodology.	imited liability company is not organized under the laned that after the change or changes are made, the Flee business office of the registered agent will be identify company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise trating agreement of the limited liability company.	iws of the State of Florida orida street address of the cal. Or, in the case of a F was/were authorized by a e provided in the articles	i, it is hereby registered office lorida limited n affirmative vote of of organization or
	or typed name of signee	ree to act in this capacity per and complete perform	e. I further agree to
	by accept the appointment as registered agent and agent with the provisions of all statutes relative to the prount familiar with and accept the obligations of my poser 608, F.S. Or if this document is being filed to mer is, I hereby confirm that the limited liability company to of Registerer Agent	ition as registered agent i ely reflect a change in the has been notified in writi	as provided for in e registered office ng of this change.

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