

M15000001058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

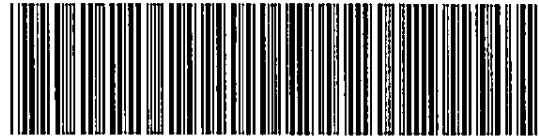
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FEB 08 2018

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 FEB -6 AM 9:22

CSC – NCH – IFF

TO: PHYSICAL: Dept. of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

MAILING: Dept. of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

FROM: National Corporate Headquarters, Inc.  
5605 Riggins Court Suite 200  
Reno NV 89502  
(800) 638-2320  
(775) 329-0852

DATE: Wednesday, January 31, 2018

*SENT VIA USPS*

To Whom It May Concern:

Attached, please find the following document(s):

- Change of Registered Agent

For **BEACH VIDA, LLC**

We have included payment in the amount of \$25.00 for the following fees:

- Change of Registered Agent

We have included one original and one copy of the Articles.

If there are any questions, please call 800-542-2077

**Please return the file stamped copy of the Articles to the address below:**

Renewal Department  
5605 Riggins Court Suite 200  
Reno NV 89502

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BEACH VIDA, 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:

Name of Person

Corporate Service Center

Firm/Company

5605 Riggins Ct. Ste. 200

### Address

Reno, NV 89502

City/State and Zip Code

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

For further information concerning this matter, please call:

Tudi Anguiano

Name of Person

at (800) 508-1872

Area Code &amp; 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: BEACH VIDA, LLC

2. (a) BEACH VIDA, LLC (b) BEACH VIDA, LLC

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

4730 S FORT APACHE RD STE 300

LAS VEGAS, NV 89147

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

3843 Carson St

SAN DIEGO, CA 92117

02/03/2015

M15000001058

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:

BUSINESS FILINGS INCORPORATED

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

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

Registered Agents Inc.

NEW Registered Office Address:

3030 N. Rocky Point Dr. STE 150A

Tampa, FL 33607

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

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.*

Signature of Registered Agent

Bill Havre - Assistant Secretary

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

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