

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000370764 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 : (800)432-3622 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## LLC REGISTERED AGENT CHANGE TST BEACH HOUSE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

DEC 3 0 2019

T. LEMIEUX

## (((H19000370764 3)))

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

submit Flori de	s the following statement in order to change its regi:	Florida Statutes, the undersigned limited thability company istered office or registered agent, or both, in the State of HOUSE, LLC	
1. (48)	the of the Limited Liability Company.		
2. (a)	1000 URBAN CENTER DRIVE, SUITE 675 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 1000 URBAN CENTER DRIVE, SUITE 675  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	BIRMINGHAM, AL 35242	BIRMINGHAM, AL 35242	
	10/3/2019	M19000009470	
3.	Date of filing/registration in Florida	4. Document number	
	CT CORPORATION SYSTEM		
· (B)	Registered Agent and Registered Office shown on the records of the	ha Florida Dept. of State:	
	1200 SOUTH PINE ISLAND RD		
	Registered Office Address IMUST RE PLORIDA STREET A	DDRESS	
	PLANTATION ,FL	33324	
(b)	Capitol Corporate Services, Inc.		ï
	Enter some of NEW Registered Agent and/or NEW Registered C	Office white	
	515 East Park Avenue 2nd Fl		; r~
	NEW Registered Office Address:	<u>੍</u> ਰਿੰਜ਼ <b>ਾਹ</b>	
		Control of the Contro	٠
	Taliahassee , FL	32301 5.7 5	
agont was/w	ango or changes are made, the Plorida street address of will be identical. Or, in the case of a Florida limited his ere authorized by an affirmative vote of the members of icids of organization or the operating agreement of the i	Printed or typed name of signes	
I here provise the obtion motifies	by accept the appointment is registered agent and agre ions of all statutes relative to the proper and oumplete to ligations of my position as registered agent as provided by reflect a change in the registered office address. In all n writing of his change.	ee to act in this capacity. I further agree to comply with the performance of my suites, and tain familiar with and accept a for in Chapter 505, F.S. Or, if this accument is peing flied bereby confirm that the limited trapility company has been fischer. Assistant Secretary on	
Signati	ne of Registered Ages behalf o	of Capitol Corporate Services, Inc.	
	Division of Corporations P.O. B FILING FE	3ox 6327 • Tsilahassec, FL 32314 EE: \$25.00	

INHS18 (2/14)