NO700000 9257

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
	ty/State/Zip/Phone	. #\
(0)	ty/State/Zip/Filone	z #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600329919316

Q6/04/19--01006--001 ★★1130.00

SECRLIARY OF STATE

JUN 1 1 2019 C Kinsey

COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: Beach Village Property Owners' Association, Inc. Name of Corporation N07000009257 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jennifer Martin Name of Contact Person Publix Super Markets, Inc. Firm/Company 3300 Publix Corporate Pkwy Lakeland, FL 33811 City/State and Zip Code EntityFilings@publix.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jennifer Martin Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Ft. 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	, inge is submitted fo	r a corporation org	1502, 607.1508, or 61 ganized under the lav	vs of the State o	f Florida	this ——	_
		•	istered agent, or both			ACIT &	LINC
 The name of the principal 	the corporation: 80 office address: 33	00 PUBLIX C	ORPORATE PI	KWY., LAK	ELAND	, FL 3	33811
3. The mailing a	address (if different):			··		
4. Date of incorp	poration/qualification	on: 9/19/2007	Document r	number: N070	000009	257	·
	d street address of the etment of State: (If i	•	d agent and registere gned)	d office on file	with the		
	John A. Attav	vay, Jr.			က	~	
	3300	0 PUBLIX COR	PORATE PKWY,		ECÉ TAL	919	
		LAKELAND,			E IAR LAHA	MA-41 - NUL 8105	
6. The name and (if changed):	d street address of the	C	gent (if changed) and	f/or registered	SSEE, FL	4 :8	
			PORATE PKWY,			ţ	
	3300	LAKELAND,					
The street addreas changed will	ess of its registered be identical.	office and the stre	eet address of the bus	siness office of	— its registe	ered age	ent,
_		solution duly adop poration has been	ted by its board of dinotified in writing o	rectors or by a fithe change.	n officer :	so	
William	w Justo	m, cV	William W. I	Rayburn, IN		dent	
I hereby accept I further agree i performance of agent. Or, if the hereby confirm	the appointment a to comply with the my duties, and I a is document is bein that the corporatio	s registered agent provisions of all si n familiar with and ng filed merely to r ny has been notifie	and agree to act in t tatutes relative to the d accept the obligati effect a change in th d in writing of this c	his capacity, proper and co on of my positi e registered of hange.	omplete on as regi lice addre	stered ss, l	
MANIC	nature of Registered Agen		6/1/10	Date			_
	half of an entity:			Date			
Merriann M	·						
	voed or Printed Name						

* * * FILING FEE: \$35.00 * * *