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To: Division of Corporations Fax Number : (850)617-6380		2020 JUH
From:		- -
Account Name : REGISTERED AGENTS INC.		c
Account Number : I20090000081		<u> </u>
Phone : (307)200-2803		<u></u>
Fax Number : (855)330-1010): 07 ; :
	ousiness entity to be used for future nly one email address please.**	
	GENT CHANGE	
8 REGISTERED A SOUTH BEAC	CH LIVE, INC.	
Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$35.00	

O SIMMONS

<u>JUN 09 2020</u>

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

statement of cha	inge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Surganized under the laws of the State of Fou gistered agent, or both, in the State of Fla	ncta
1. The name of	the corporation: South Beach Live, In	ic.	
		Unit 869 BOCA RATON, FL 33432	
3. The mailing a	ddress (if different): 160 W. Camino F	Real Unit 869 BOCA RATON, FL 33432	
4. Date of incor	poration/qualification: 02/16/01	Document number: P0100001	7911
	I street address of the current register trment of State: (If resigned, enter res	ed agent and registered office on file with igned)	~ `
	STIDHAM, CHARLES L		020 .
	160 W. Camino Real Unit 869		/020 JUH - 8
	BOCA RATON, FL 33432		
6. The name and (if changed):	I street address of the new registered	agent (if changed) and /or registered office	AII 10: 07
	Registered Agents Inc.		
	7901 4th St N STE 300		
		NOT acceptable	
	St. Petersburg FL 33702		
The street address changed will	ess of its registered office and the str be identical.	reet address of the business office of its	registered agent,
Such change was authorized by the	as authorized by resolution duly adone board, or the corporation has been	pted by its board of directors or by an of a notified in writing of the change.	Ticer so
Charles P	D Stidhom	Charles P D Stidham	
I further agrée performance of	my dulies, and I am tamiliar with a	Printed or typed name and title t and agree to act in this capacity. statutes relative to the proper and compand accept the obligation of my position a reflect a change in the registered office ed in writing of this change.	is registered
Bee Han	··	06/05/2020	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Bill Havre			
Т	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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