

PO 1000041242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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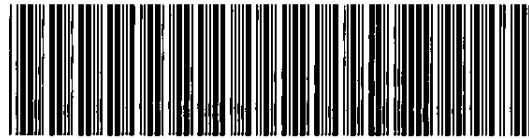
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
DEC 27 PM 2:12

*R.A. Chy.*  
C.COULLETTE

DEC 28 2011

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BEAL PARTNERS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P01000041242

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:

W. Wade Wallace  
Name of Contact Person

Beal Partners, Inc.  
Firm/Company

P. O. Box 426  
Address

Saint James City, FL 33956  
City/State and Zip Code

danicewallace@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danice M. Wallace at ( 239 ) 283-9827  
Name of Contact Person Area Code & Daytime Telephone Number

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, FL 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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Beal Partners, Inc.
2. The principal office address: 2815 Cussell Drive, Saint James City, FL 33956
3. The mailing address (if different): P.O. Box 426, Saint James City, FL 33956
4. Date of incorporation/qualification: April 23, 2001 Document number: P01000041242
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

W. Wade Wallace

10221 W Emerald Coast Pkwy, Ste 26

Miramar Beach, FL 32550

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

W. Wade Wallace

2815 Cussell Drive

P.O. Box NOT acceptable

Saint James City, FL 33956

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

W. Wade Wallace  
Signature of an officer or director

W. Wade Wallace, President  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

W. Wade Wallace  
Signature of Registered Agent

12/20/2011  
Date

If signing on behalf of an entity:

W. Wade Wallace  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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