

P180000 57407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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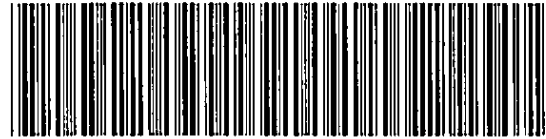
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BEACHBRAIN HOLDINGS INC
Name of Corporation

DOCUMENT NUMBER: P18000057407

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:

TODD POOLE
Name of Contact Person
BEACHBRAIN HOLDINGS INC
Firm/Company
831 ANSON AVE
Address
LEHIGH ACRES, FL 33971
City/State and Zip Code
TODDPOOLEREALTY@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TODD POOLE at (248) 880 8706
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: BEACHBRAIN HOLDINGS INC
2. The principal office address: 2202 S CYPRESS Bend DR APT 107
POMPAHO BEACH, FL 33069
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/28/18 Document number: P18000057407
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)
2202 S. CYPRESS Bend DR APT 107
POMPAHO BEACH, FL 33069
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed): TODD POOLE
831 ANSON AVE
LEHIGH ACRES, FL 33871
P.O. Box NOT acceptable

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.

Todd Poole
Signature of an officer or director

TODD POOLE, DPST Beachbrain Holdings INC
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.

Todd Poole
Signature of Registered Agent

5/7/2019
Date

If signing on behalf of an entity:

TODD POOLE
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 (03/12)

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