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(((H24000034052 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future $\stackrel{\cdot}{\hookrightarrow}$ annual report mailings. Enter only one email address please.

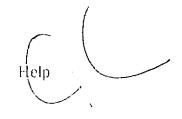
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REGISTERED AGENT CHANGE BEACH RETREATS ENTERPRISES INC

Certificate of Status	0
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From Registered Agents Inc.

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

To, 18506176380

statement of cha	mge is submitted for a corporatio	617,0502, 607,1508, or 617,1508, Florida Statut n organized under the laws of the State of <mark>Florida</mark> r registered agent, or both, in the State of Florida	<u> </u>
1. The name of (the corporation: Beach Retreats Er	nterprises Inc	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 07/19/21	Document number: P21000065667	
	I street address of the current registment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	Collier, Michael		
	5949 SHELLY LANE		
	MACCLENNY, FL 32063		2024 .
6. The name and street address of the new registe (if changed):		red agent (if changed) and /or registered office	2024 JAN 25
	Registered Agents Inc		7
	7901 4th St N STE 300		·9:
	St. Petersburg FL 33702	P.O. Box, NOT acceptable	8Ū
The street addre	ss of its registered office and the	street address of the business office of its regi	stered agent.
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	ndopted by its board of directors or by an office seen notified in writing of the change.	
Ruston		Robin Jones, Incorporator Printed or typed name and title	
Signatur	e of air officer or director	Printed or typed frame and fille	,
r nerew accept I further agree t of my duties, an document is bei	the appointment as registerea as o comply with the provisions of a d I am familiar with and accept t	ight and agree to act in this capacity, all statutes relative to the proper and complete the obligation of my position as registered agei to in the registered office address. I hereby con	it. Or, if this
1)avid 7	Scherts	01.25.2024	
Sign	nathre of Registered Agent	Date	
Esigning on bel	nalf of an entity:		
David Roberts	· · · · · · · · · · · · · · · · · · ·	_	
13	ped or Printed Name		