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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone : (702)866-2500

Fax Number : (702)900-2290

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Documents@incorp.com

REGISTERED AGENT CHANGE SOUTH BEACH FINANCIAL CORPORATION

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COVER LETTER

H210003165993

TO:

Amendment Section Division of Corporations

SUBJECT: SOUTH BEACH FINANCIAL CORPORATION
Name of Corporation

DOCUMENT NUMBER: P96000042626

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:

Kim Barajas
Name of Contact Person
InCorp Services, Inc.
Firm/Company
3773 Howard Hughes Pkwy. · Suite 500S
Address
Las Vegas, NV 89169-6014

City/State and Zip Code

documents@incorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Barajas on behalf of InCorp Services, Inc. at 800-246-2677

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

STATEMEN FOR CORPO	T OF CHANGE OF REC PRATIONS	GISTERED OF	FICE OR REGISTERE	D AGENT OR BOTH H21000		
statement of cha	provisions of sections 607. inge is submitted for a corp or to change its registered o	poration organize	d under the laws of the Sta	te of FL		
1. The name of	the corporation: SOUTH E	BEACH FINANC	CIAL CORPORATION		_	
	office address: 5225 CO					
		EACH, FL 3214	n		_	
3. The mailing a	address (if different):				_	
4. Date of incorp	poration/qualification:	05/13/1996	Document number:	P96000042626		
	d street address of the curre timent of State: (If resigned	-	at and registered office on	file with the		
	HEYDASCH, AXEL			ECR TAIL		
	100 N BISCAYNE BLV	D 30TH FLOO	R		. g 213	
	MIAMI, FL 33132				3	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					Ţ	
	InCorp Services, Inc.		<u>.</u>			
	17888 67th Court North					
P.O. Box NOT acceptable Loxahatchee, FL 33470						
The street address changed will	ess of its registered office be identical.	and the street add	lress of the business offic	e of its registered agen	t,	
Such change wanthorized by the	as authorized by resolution ne board, or the comporation	n duly adopted by on has been notifi	vits board of directors or ed in writing of the chang	by an officer so e.		
Signature Signature	re of an officer or director	·	Guillermo Toledo, Direct			
I hereby accept I further agree of my duties, an document is be corporation has	the appointment as regist to comply with the provisi d I am familiar with and a ng filed merely to reflect a s been notified in writing a	ered agent and a ons of all statutes accept the obliga a change in the re of this change.	gree to act in this capacit relative to the proper an tion of my position as reg egistered office address, I	y. d complete performan istered agent. Or, if th hereby confirm that th	ce is ie	
	refund		August 23	, 2021		
- S	nature of Registered Agent		Date			
If signing on be	half of an entity:					
Isabel Burgos on	behalf of InCorp Services, I	ínc.				
Т	yped 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 (04/13)