	17614 ASHLEY PANAMA CITY I	DRIVE BEACH, FL 32413			
	Current Mail	ing Address:			
	17614 ASHLI PANAMA CIT	EY DRIVE IY BEACH, FL 32413 US			
FEI Number: 32-0432682				Certificate of Status Desired: No	
	Name and A	ddress of Current Registered Agent:			
	BEAUCAGE, CA 17614 ASHLEY PANAMA CITY I				
	The above named	entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Florida	ı.
	SIGNATURE	CAROL BEAUCAGE		C	4/10/2023
	SIGNATURE	: CAROL BEAUCAGE Electronic Signature of Registered Agent		C	4/10/2023 Date
	SIGNATURE Officer/Direc	Electronic Signature of Registered Agent		C	
		Electronic Signature of Registered Agent	Title	T/S	
	Officer/Direc	Electronic Signature of Registered Agent	Title Name		
	Officer/Direc	Electronic Signature of Registered Agent Etor Detail : P/D		T/S	
	Officer/Direc Title Name	Electronic Signature of Registered Agent ctor Detail : P/D ROBERTS, SHARRI	Name	T/S ROBERTS, SHARRI 5 BLUE CRAB LANE	
	Officer/Direc Title Name Address	Electronic Signature of Registered Agent ctor Detail : P/D ROBERTS, SHARRI 5 BLUE CRAB LANE	Name Address	T/S ROBERTS, SHARRI 5 BLUE CRAB LANE	
	Officer/Direc Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : P/D ROBERTS, SHARRI 5 BLUE CRAB LANE PANAMA CITY BEACH FL 32413	Name Address City-State-Zip:	T/S ROBERTS, SHARRI 5 BLUE CRAB LANE PANAMA CITY BEACH FL 32413	
	Officer/Direc Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : P/D ROBERTS, SHARRI 5 BLUE CRAB LANE PANAMA CITY BEACH FL 32413 D	Name Address City-State-Zip: Title	T/S ROBERTS, SHARRI 5 BLUE CRAB LANE PANAMA CITY BEACH FL 32413 VP	
	Officer/Direc Title Name Address City-State-Zip: Title Name Address	Electronic Signature of Registered Agent ctor Detail : P/D ROBERTS, SHARRI 5 BLUE CRAB LANE PANAMA CITY BEACH FL 32413 D ROBERTS, JASON	Name Address City-State-Zip: Title Name	T/S ROBERTS, SHARRI 5 BLUE CRAB LANE PANAMA CITY BEACH FL 32413 VP POOLE, TYLER 17614 ASHLEY DRIVE	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

OWNER

SIGNATURE: SHARRI ROBERTS

Electronic Signature of Signing Officer/Director Detail

04/10/2023

Date

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000102280

Entity Name: HOLIDAY BEACH RENTALS, INC.

Current Principal Place of Business: