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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ADAM CAREY

Electronic Signature of Signing Authorized Person(s) Detail

NICEVILLE, FL 32578 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida

I he above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the						State of Florida.	
	SIGNATURE:					06/18/2020	
		Electronic Signature of Registered Agent			Date		
Authorized Person(s) Detail :							
	Title	MANAGER		Title	AUTHORIZED REPRESENTATIVE	Ξ	
	Name	CAREY	, ADAM BYRON	Name	NOLIN, JENNIFER D		
	Address	201 COLLEGE BLVD E 46		Address	201 COLLEGE BLVD E 46		
	City-State-Zip:	NICEVILLE FL	32578	City-State-Zip:	NICEVILLE FL 32578		

201 COLLEGE BLVD E 46

Current Mailing Address:

NICEVILLE, FL 32578 US

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

CAREY, ADAM BYRON

201 COLLEGE BLVD E

NICEVILLE, FL 32578

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201 COLLEGE BLVD E 46

DOCUMENT# L18000052941

Entity Name: A BEACHIN DAY LLC.

Current Principal Place of Business:

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 18, 2020 Secretary of State 3331389664CC

Certificate of Status Desired: Yes

06/18/2020

MANAGER