

L17 000200932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

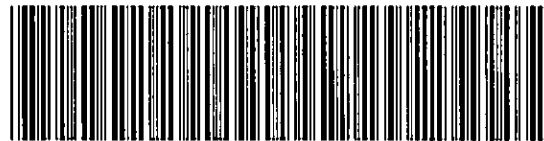
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/23/19--01018--008 ++35.00

10/23/19

10:01

RA/RD/CHS

DEC 04 2019

LAL BRITTON

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 12/3/2019

PRIORITY Routine

OUR REF # (Order ID#) 788568

ORDER ENTITY

BE OUR GUEST PROPERTIES, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

BE OUR GUEST PROPERTIES, LLC (FL)

File the attached change of agent document

NOTES:

\$25.00 Authorized (if needed, as client previously sent a check according to the attached rejection letter.) Email address for annual report reminders: bmatusic@gmail.com

Please honor original submission date as the file date and put in our bin (Incorporating Services, Ltd.'s bin) when complete.

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2019

CHRISTINE INZANA
524 S. 2ND STREET
STE. 505
SPRINGFIELD, IL 62801

SUBJECT: BE OUR GUEST PROPERTIES, LLC
Ref. Number: L17000200932

We have received your document for BE OUR GUEST PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 919A00023859

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: BE OUR GUEST PROPERTIES, LLC

2. (a) Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*

104 SADDLE RIDGE DRIVE

OAKDALE, PA 15071

(b) Mailing address of limited liability company:
*(Note: **MAY BE POST OFFICE BOX**)*

104 SADDLE RIDGE DRIVE

OAKDALE, PA 15071

09/27/2017

L17000200932

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
CAPITOL CORPORATE SERVICES, INC.

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

515 EAST PARK AVENUE 2ND FL

TALLAHASSEE, FL 32301

(b) Universal Registered Agents, Inc.

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

1317 California Street

Tallahassee, FL 32304

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

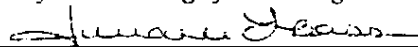
/s/Bryan P. Matusic

BRYAN P MATUSIC

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent