

L22000243572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

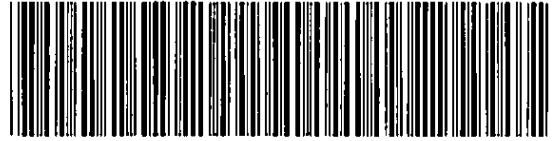
(Business Entity Name)

(Document Number)

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2023 AUG 14 AM 9:11  
TALLAHASSEE, FLORIDA  
CLERK OF CIRCUIT COURT

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHANGE OF Registered AGENT  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RONALD SCOTT BEARB  
Name of Person

BEARB CREATIONS, LLC  
Firm/Company

5901 WISHING WELL DR.  
Address

PORT ORANGE, FL 32127  
City/State and Zip Code

SBEARB@CFL.RR.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RONALD SCOTT BEARB at ( 386 ) 316-16749  
Name of Person Area Code & Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**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: BEARCreations LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

5901 WISHING Well Dr.  
Port Orange FL 32127

L22000243578

3. 7/28/23 4. \_\_\_\_\_  
 Date of filing/registration in Florida Document number

5. (a) Daniel Fricbis  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3890 Turtle Creek Drive Suite B  
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Port Orange FL 32127

(b) Ronald S BEARS  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

5901 WISHING Well Dr  
**NEW Registered Office Address:**

Port Orange  
 \_\_\_\_\_ FL 32127

FILED  
 2023 AUG 14 AM 9:11  
 TALLAHASSEE, FLORIDA

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.

[Signature]  
 Signature of a member or authorized representative of a member

RONALD SCOTT BEARS  
 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]  
 Signature of Registered Agent