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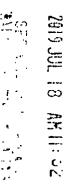
(Re	questor's Name)			
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divi	ision of Corporations					
SUBJECT:	Beyond Biology LLC					
SOBJECT.	Name of Limited Liability Company					
Dear Sir or l	Madam:					
The enclose	d Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.			
Please return	n all correspondence concerning th	is matter to the	following:			
Gail Wass	serman					
	Name of Person					
Beyond B	iology					
	Firm/Company		_			
6151 Rive	rwalk Ln Ste 4					
	Address		<u> </u>			
Jupiter FI	33458					
-	City/State and Zip Code	. • ,	_			
	ond-biology.com					
E-mail	address: (to be used for future ann	ual report notif	fication)			
For further i	nformation concerning this matter.	please call:				
Gail Wass	erman	888 at (, 908-0804			
	Name of Person	··· (Area Code & Daytime Telephone Number			
Reg Divi	REET/COURIER ADDRESS: istration Section ision of Corporations	Ro Di	MAILING ADDRESS: Registration Section Division of Corporations			
266	ton Building 1 Executive Center Circle ahassee, Florida 32301		O. Box 6327 Hahassee, Florida 32314			
Enc	losed is a check for the following	amount:				
☑ \$	25 Filing Fee	□ S.	55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

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

Na	me of the limited liability company: Beyond Biolo	gy LLC		
(a)	6151 Riverwalk Ln Ste 4	(b)	Same	
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		M	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Jupiter Fl 33458			
	01/04/12		L1200000	1385
	Date of filing/registration in Florida	4.	Į.	Document number
(a)	REGISTERED AGENTS INC			
(α)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:	
	7901 4TH STREET NORTH			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	SUITE 300			يور ما م
	ST.PETERSBURG FI	33702		7915 JUL
(b)	Gail Wasserman			· · · · · · · · · · · · · · · · · · ·
	Enter name of NEW Registered Agent and/or NEW Registered	l Office add	ress:	
	6151 Riverwalk Ln			
	NEW Registered Office Address:			`1
	Ste 4			
	Jupiter . FI	33458		
char nt w s/we	mited liability company is not organized under the lange or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited ling authorized by an affirmative vote of the members of the operating agreement of the	f the regist ability cor of the limi limited li	tered office a inpany, it is ited liability	and the business office of the registhereby confirmed that the change(seempany or as otherwise provided pany.
ignati	ure of a member or authorized representative of a member			Printed or typed name of signee
ereb ovisio obli	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete agent as provide agent as provide	ree to act i performa ed for in C		•

to merely reflect a change by the registered office address. I hereby confirm that the limited liability company has been notified inscriping of this change.

Signature of Registered Agent