

F960000000000053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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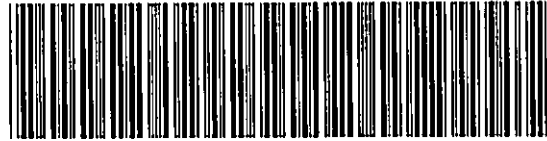
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
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S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Beta Capital Management, Inc.

Name of Corporation

DOCUMENT NUMBER: F96000000053

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Castillo

Name of Contact Person

Beta Capital Management, Inc.

Firm/Company

430 Grand Bay Drive, Apt. 503

Address

Key Biscayne, FL 33149

City/State and Zip Code

gypsyncubana@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eugenio P. Mendoza

Name of Contact Person

at (305) 358-0554

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Beta Capital Management, Inc.

2. The principal office address: 430 Grand Bay Drive, Apt. 503
Key Biscayne, FL 33149

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/23/1996 Document number: F96000000053

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

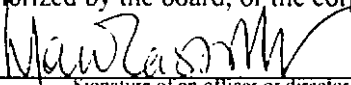
Eugenio P. Mendoza
777 Brickell Avenue, Suite 1201
Miami, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

6460 SW 49th St.
P.O. Box NOT acceptable
Miami, FL 33155

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

11/15/18
Date

If signing on behalf of an entity:

Eugenio P. Mendoza
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

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