L03000053269

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

709-



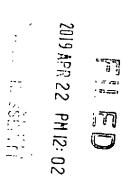
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RECEIVED

APR 0 8 2019



C. GOLDEN APR 2 4 2019

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	BEACON SECURITY LLC						
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The er	nclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning this	s matter to the following:					
RAY	L CATLETT						
	Name of Person						
BEAG	CON SECURITY LLC						
	Firm/Company						
313 V	VOODS LAKE DR						
	Address						
COC	OA, FL 32926						
	City/State and Zip Code						
beaco	on11rc@gmail.com						
É	-mail address: (to be used for future annu	nal report notification)					
For fur	ther information concerning this matter, p	please call:					
RAY I	L CATLETT	321 480-2268					
	Name of Person	Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
	Enclosed is a check for the following a	amount:					
	□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy					

INHS18 (2/14)



April 13, 2019

RAY L. CATLETT 1012 CORONADO DRIVE ROCKLEDGE, FL 32955

SUBJECT: BEACON SECURITY, LLC

Ref. Number: L03000053269

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Letter Number: 519A00007492

Claretha Golden Regulatory Specialist II

> 2019 APR 22 PH 12: 06 호텔 (기가 기가 기가 기가

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.

(a)	RAY L CATLETT	(b)	RAY L CATLETT			
(=)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing addre	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX) OODS LAKE DR		
	313 WOODS LAKE DR		313 WOODS LAK			
	COCOA, FL 32926		COCOA, FL 32926			
	12/08/2003	L	.03000053269			
	Date of filing/registration in Florida	4.	Document	number		
(a)	RAY L CATLETT					
` '	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 313 WOODS LAKE DR					
	Registered Office Address (MUST BE FLORIDA STREET	BE FLORIDA STREET ADDRESS)		:	2019 APR 22	F-32-7
	COCOA , F	32926			oR 22	
(b)	RAY L CATLETT			S	PM 12: 02	Fil
`	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	ress;		?: 0	0
	1012 CORONADO DR				8	
	NEW Registered Office Address:		 			
	ROCKLEDGE	32955				
cha nt w s/we	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited I re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the regist iability con of the limit e limited lia	ered office and the bu apany, it is hereby cor ed liability company (siness offi Ifirmed th	ce of that the	ie regist hange(s
V L	are of a member or authorized representative of a member		Printed or ty			

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