

LD3000055241

(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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TALLAHASSEE, FLORIDA
2016 SEP -6 AM 8:11

TALLAHASSEE, FLORIDA
2016 OCT -5 P 2:21

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D. BRUCE
OCT 06 2016

BEST ACCOUNTING INC.

TEL: (305) 471-7545

FAX: (305) 471-7546

DATE: 10/3/16

TIME: _____

Please deliver the following ___ Pages, including this cover sheet.

Company Name: Betsy Enterprises LLC

Attention: Deborah Bruce

Sent By: _____

Fax No. _____

Items being sent:

Enclosed please find correct Registered Agent
form. Also we send A \$35.00 Check & the Fee is
only \$25.00 can you please send the credit
to the Registered Agent.

If for any reason this transmission is incomplete, please call us as soon as possible, so that it can be corrected.

Thank You,

Best Accounting, Inc.

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2016

LUZ MARINA PEREZ
30 GRAND BAY ESTATES CIRCLE
KEY BISCAWAYNE, FL 33149

SUBJECT: BETSY ENTERPRISES, LLC
Ref. Number: L03000055241

We have received your document for BETSY ENTERPRISES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 916A00019223

TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Betsy Enterprises LLC
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:

Luz Marina Paz
Name of Person

Betsy Enterprises LLC
Firm/Company

30 Grand Bay Estates Cir.
Address

Key Biscayne , FL 33149
City/State and Zip Code

best8500@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Guillermo Iglesias at (305) 471-7545
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 amount:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

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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: Betsy Enterprises LLC

2. (a) 30 Grand Bay Estates Cir (b) 10200 NW 25 St # 209
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
Key Biscayne, FL 33149 Doral, FL 33172

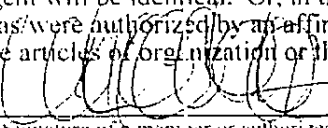
3. 12/22/2003 Date of filing/registration in Florida 4. L03000055241 Document number

5. (a) CF Registered Agent, Inc
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
100 S. Ashley Drive
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Suite 400
Tampa, FL 33602

(b) Best Accounting, Inc
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
10200 NW 25 Street
NEW Registered Office Address:
Suite # 209
Doral, FL 33172

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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.

X  Luz M. Paz
 Signature of a member or authorized representative of a member Printed or typed name of signer

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