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M. THOMAS

FEB-2-3-2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Michelle A. Beckers, P.L. (Name of	Limited Liability Company)	_ 0
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	nis matter to the following:	OS FEB 20 M & 28
Michelle A. Beckers		90000000000000000000000000000000000000
(Name of Person)		OF STA
Michelle A. Beckers, P.L.		
(Firm/Company)	and a second and an order or a constitute	
3301 NE 1st Avenue, #2209 (Address)		
Miami, FL 33137		
(City/State and Zip Code)		
For further information concerning this matter	r, please call:	
Michelle A. Beckers	at (305) 576-2995	
(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	g amount:	
	☐ \$55 Filing Fee & Certified Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 23, 2008

MICHELLE A. BECKERS MICHELLE A. BECKERS P.L. 3301 NE 1ST AVENUE, #2209 MIAMI, FL 33137

SUBJECT: MICHELLE A. BECKERS, P.L.

Ref. Number: L08000014557

We have received your document for MICHELLE A. BECKERS, P.L. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 408A00061422

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

Pursuant to the provisions of sections 608.416 or 608.508, 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: Michelle A.	Beckers, P.L.	
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	ny: 3301 NE 1st Avenue #2209 Miami, FL 33137 +	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3301 NE 1st Avenue #2209 Miami. FL 33137	
February 8, 2008 3. Date of filing/registration in Florida	<u>L08000014557</u> 4. Document number	
5. (a) Registered Agent and Registered Office shown on	•	
Registered Agent:	Michelle A. Beckers	
Registered Office Address:	Michelle A. Beckers 2001 Biscayne Blvd. 3311 Miami. FL 33137	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	
NEW Registered Agent:	Michelle A. Beckers	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3301 NE 1st Avenue #2209 Miami, FL 33137,FL 33137	ļ
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited intility company.	tet address of the registered office and the business case of a Florida limited liability company, it is by an affirmative vote of the members of the limited	
(Signature of a member or authorized representative of a member)		
Michelle A. Beckers (Printed or typed name of signee)	phones.	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the plan familiar with and accept the obligations of my position F.S. Or if this document is being filed to merely reflect a confirmithat the limited liability company has been notified.	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I nay registered agent as provided for in Chapter 608, change in the registered office address, I hereby ad in writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)