

LOANOUT RESZ1

(Requestor's Name)

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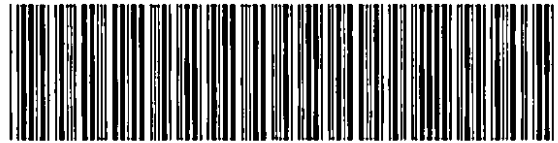
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Debecco LLC Log000078521
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:

Charlene Bedasce
Name of Person

Debecco LLC
Firm/Company

3471 W Woolbough Rd
Address

Boynton Beach, FL 33436
City/State and Zip Code

Faison268@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charlene Bedasce at (561) 635 8695
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

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: Debecco LLC
2. (a) 3471 W Woolbright Rd Boynton (b) _____
Principal office address of limited liability company: Bch FL 33436 Mailing address of limited liability company: _____
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
3471 W Woolbright Rd 3471 W Woolbright Rd
Boynton Bch FL 33436 Boynton Beach FL 3343
3. 11/3/2011 Date of filing/registration in Florida 4. L08000078521 Document number
5. (a) Charlene Bedasce
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
18884 Hlsd Rd N Loxnhatchee FL 33470
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
_____, FL _____
- (b) Charlene Bedasce
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Charlene Bedasce
3471 W Woolbright Rd
NEW Registered Office Address:
3471 W Woolbright Rd
Boynton Bch, FL 33436

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.

Charlene Bedasce
Signature of a member or authorized representative of a member

Charlene Bedasce
Printed or typed name of signee

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.

Charlene Bedasce
Signature of Registered Agent