

L11000032191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

L11-32191

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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N. Culligan JUN 14 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BeeSmart Solutions, 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:

Christopher Sanders

Name of Person

BeeSmart Solutions, LLC

Firm/Company

7904 Ortega Bluff Parkway

Address

Jacksonville, FL 32244

City/State and Zip Code

chris.sanderscs@gmail.com

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

For further information concerning this matter, please call:

Chris Sanders

Name of Person

at ( 904 )

469-7222

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2011

CHRISTOPHER SANDERS  
7904 ORTEGA BLUFF PARKWAY  
JACKSONVILLE, FL 32244

SUBJECT: BEESMART SOLUTIONS, LLC  
Ref. Number: L11000032191

We have received your document for BEESMART SOLUTIONS, 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) 245-6067.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 711A00013723

**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: BeeSmart Solutions, LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

**(Note: MUST BE STREET ADDRESS)**

7904 Ortega Bluff Parkway  
Jacksonville, FL 32244 US

(b) Mailing address of limited liability company: \_\_\_\_\_

**(Note: MAY BE POST OFFICE BOX)**

7904 Ortega Bluff Parkway  
Jacksonville, FL 32244

3/16/2011

L111000032191

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

United States Corporation Agents, Inc.

Registered Office Address:

13302 WINDING OAK COURT  
SUITE A  
Tampa, FL 33612

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

Christopher Sanders

**NEW** Registered Office Address:

**(MUST BE FLORIDA STREET ADDRESS)**

7904 Ortega Bluff Parkway  
Jacksonville, FL 32244

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.

Christopher Sanders  
Signature of a member or authorized representative of a member

CHRISTOPHER S. SANDERS

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 608, 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.*

Christopher Sanders  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**