## 1-000035950

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		:			

Office Use Only



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EXAMINER

L12-35452

## **COVER LETTER**

•	sion of Corporations				
SUBJECT:	A Beka Testing, LLC				
SUBJECT.	Name of	f Limited Liab	ility Company		_
Dear Sir or N	Madam:				
The enclosed	l Registered Agent/Registered	Office Chang	e and fee(s) are submitted for	r filing.	
Please return	all correspondence concerning	g this matter t	o the following:		
Mr. Gary E	ast				
	Name of Person		<del></del>		
Pensacola	Christian College, Inc.				
	Firm/Company				
250 Brent L	_ane			SE TAL	3
	Address		_	SECRETARY ALLAHASS	, * 1
Pensacola,	Florida 32503-2267			113 m	
	City/State and Zip Code		<del></del>		
geast@pcc	si.edu			TATE	
E-mail add	ress: (to be used for future annual repor	t notification)	<del></del>		
For further in	nformation concerning this ma	itter, please ca	II:		
Mr. Gary Ea	ast	<b>850</b> at (	478-8496 Ext. 2851		
	Name of Person	" (	Area Code & Daytime Telephone N	umber	~
Regis Divis Clifto 2661	tration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301	Ro D P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314		
Encl	osed is a check for the follow	ing amount:			
<b>■</b> \$2	5 Filing Fee		S55 Filing Fee & Certified Co	nv	

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

Pursuant to the provisions of sections 608.416 or eliability company submits the following statement in agent, or both, in the State of Florida.	order to change its registere	e undersigned limited ed office or registered
1: Name of the limited liability company:	<u>Beka Teshr</u>	s, ll
2. (a) Principal office address of limited liability con (Note: MUST BE STREET ADDRESS)	npany:	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office show	n on the records of the Florida	Dept. of State:
Registered Agent:	Arlin-Hor	Towns
Registered Office Address:	250 Bren	to granul
(b) Enter name of NEW Devictored Agent and/or	Pensa Cola,	F@ 33 803 = 17
(b) Enter name of <u>NEW Registered Agent</u> and/or	Dr. Troy Shoemaker	
NEW Registered Agent:  NEW Registered Office Address:	250 Brent Lane	
(MUST BE FLORIDA STREET ADDRESS)	Pensacola	,FL 32503
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char the members of the limited liability company or as off the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	the Florida street address of the identical. Or, in the case of a nge(s) was/were authorized by herwise provided in the article.	ne registered office Florida limited an affirmative vote of
Dr. Troy Shoemaker		
Printed or typed name of signce	<del></del>	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability con	and agree to act in this capaci he proper and complete perfor my position as registered agen to merely reflect a change in t mpany has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in he registered office iting of this change.
Signature of Registered Agent		

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