

L12000 086 403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

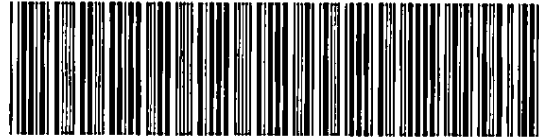
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

Baytack LLC

SUBJECT: _____
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:

Joanne Lysack

Name of Person

Baytack LLC

Firm/Company

1521 Alton Rd Unit 94

Address

Miami Beach FL 33139

City/State and Zip Code

jlysack@hotmail.com

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

For further information concerning this matter, please call:

Joanne Lysack

441

331-2877

at (_____)

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: Bautack LLC
2. (a) Joanne Lysack (b) Joanne Lysack
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
1523 West Ave #304 1521 Alder Rd #94
Miami Beach FL 33139 Miami Beach FL 33139
3. 06.26.12. 4. L12000086903
Date of filing/registration in Florida Document number
5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Scott Klein.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1335 Lincoln Rd
Miami Beach FL 33139
- (b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:
SCOTT KLEIN
NEW Registered Office Address:
605 LINCOLN ROAD 7TH FLOOR
MIAMI BEACH FL 33139

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.

[Signature]
Signature of a member or authorized representative of a member

Joanne Lysack
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] Scott Klein
Signature of Registered Agent