

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000187976 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Phone Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE. BELLETIDE L.L.C.

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

Help

AUG 2 6 2013

T. HAMPTON

8/23/2013

https://efile.sunbiz.org/scripts/efilcovr.exe

From:

08/21/2013 13:40 #434 P.002/005

COVER LETTER

TO:	Registration Section Division of Corporations				
	Division of Corporations				
CT ID I	17 20€1.	DELL	ETINE I I	C	
SUBJ	SUBJECT: BELLETIDE L.L.C. Name of Limited Liability Company				
	.наше с	7 LIIIIU	d Liability C	ompany	
Dear :	Sir or Madam:				
The en	nclosed Registered Agent/Registered	d Office	Change and	fee(s) are submitted for filing.	
Please	e return all correspondence concerni	ng this n	natter to the f	following:	
	lmeida Vasquez				
	Name of Person				
			•		
	Legalzoom.com, inc.				
	Firm/Company				
·					
	400 M. Panaduras Suita 1				
	100 W. Broadway Suite 1	00			
	01 11 04 04040				
	Glendale, CA 91210 City/State and Zip Code				
	City/State and Zap Code				
	·	_			
E-9	jerrygerant@gmail.com mail address: (to be used for future annual repor	t notificati	(on)		
-	·		,		
For fu	ther information concerning this ma	atter, ple	ase call:		
•					
	Imelda Vasquez	at (323)	962-8600	
	Name of Person			ode & Daytime Telephone Number	
	STREET/COURIER ADDRESS:		MAITIN	C ADDDESS.	
	Registration Section	MAILING ADDRESS: Registration Section			
	Division of Corporations	•	Division of Corporations		
	Clifton Building	P.O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32314				
	Tallahassee, Florida 32301				
	Enclosed is a check for the follow	ing am	ount:		
[✓ \$25 Filing Fee		\$55 Fili	ng Fee & Certified Copy	

From:

08/21/2013 13:40

#434 P.003/005

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:	BELLETIDE L.L.C.			
2. (a) Principal office address of limited liability comp	pany:			
(Note: MUST BE STREET ADDRESS)	3133 SW Natura Ave. Deerfield Beach, FL 33441			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)	3133 SW Natura Ave. Deerfield Beach, FL 33441			
08/14/2012	L12000104173			
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			
NEW Registered Agent: NEW Registered Office Address: MUST BE FLORIDA STREET ADDRESS)	John Gerant 3133 SW Natura Ave.			
	Deerfield Beach ,FL 33441			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company. Signature of the member of authorized representative of a member John G Gerant	he laws of the State of Florida, it is hereby e Florida street address of the registered office entical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote herwise provided in the articles of organization any. 3 SECRETAR			
Printed or typed name of signee	120 me 1			
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or. if this document is being filed to address I fereby confirm that the limited liability comp	d agree to act in this capacity. I further agree to proper and complete performance of Thy duties, position as registered agent as provided for merely reflect a change in the registered office any has been notified in writing of this change.			
Signifuse of Registered Agent	John G Gerant			
Division of Comparations P O Ray	6377 Tollohossaa Fl. 37314			

FILING FEE: \$25.00