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## **COVER LETTER**

Division of Corporations	
SUBJECT: HONEYBEE DES	SIGN LLC
Name of L	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Melissa Torres	
Name of Person	in the second
Honeybee Design LLC	
Firm/Company	
1621 Van Buren Street,	
Address	
Hollywood, FL 33020	• • • • • • • • • • • • • • • • • • •
City/State and Zip Code	
meli303@live.com	
E-mail address: (to be used for future annual report no	rtification)
For further information concerning this matte	r, please call:
Melissa Torres	at (407 ) 516-9349
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	g amount:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

TO: Registration Section

## · ' 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.

2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  6/28/13  3. Date of filing/registration in Florida  4. Document number  5. (a) Registered Agent and Registered Office shown on the records of the Flori Registered Agent:  Registered Office Address:  (b) Enter name of NEW Registered Agent and/or NEW Registered Office a	
(Note: MAY BE POST OFFICE BOX)  6/28/13  1. Date of filing/registration in Florida  4. Document number  5. (a) Registered Agent and Registered Office shown on the records of the Flori Registered Agent:  Registered Office Address:    Melissa Torres	
3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Flori Registered Agent:  Registered Office Address:  Melissa Torres  1610 Van Buren Street, #4 Hollywood, FL 33020	
5. (a) Registered Agent and Registered Office shown on the records of the Flori Registered Agent:  Registered Office Address:  Melissa Torres  1610 Van Buren Street, #4  Hollywood, FL 33020	
Registered Agent:  Registered Office Address:  Melissa Torres  1610 Van Buren Street, #4  Hollywood, FL 33020	
Registered Office Address:  1610 Van Buren Street, #4 Hollywood, FL 33020	
Hollywood, FL 33020	1065 TP
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office a</u>	<b>14</b>
(b) Enter name of NEW Registered Agent and/or NEW Registered Office a	
	رب address: بي
NEW Registered Agent: Melissa Torres	
NEW Registered Office Address: 1621 Van Buren Street, #4  (MUST BE FLORIDA STREET ADDRESS)	
Hollywood,	,FL_33020
If the limited liability company is not organized under the laws of the State of Flo confirmed that after the change or changes are made, the Florida street address of and the business office of the registered agent will be identical. Or, in the case of liability company, it is hereby confirmed that the change(s) was/were authorized the members of the limited liability company or as otherwise provided in the articity the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	the registered office f a Florida limited by an affirmative vote
Melissa Torres Printed or typed name of signee	
I hereby accept the appointment as registered agent and agree to act in this cape comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligations of my position as registered age Chapter 608, F.S. Or, if this document is being filed to merely reflect a change is address, I hereby confirm that the limited liability company has been notified in very signature of Registered Agent	acity. I further agree t formance of my duties, ent as provided for in n the registered office writing of this change.

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