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(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)						
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2017 APR -7 PM 1:00

K. SALY APR 10 2017

COVER LETTER

TO:	Registration Section Division of Corporations						
SURTI	J & B BEAK, LLC						
Name of Limited Liability Company							
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Office Ch	nange and f	ee(s) are submitted for filing.				
Please	return all correspondence concerning this mat	tter to the fo	ollowing:				
DONI	NA LUDDIE						
	Name of Person		_				
JOSEPH C. KEMPE, P.A.							
	Firm/Company		_				
941 N	NORTH HIGHWAY A1A						
	Address						
JUPI	TER, FL 33477						
	City/State and Zip Code		_				
dludd	lie@jckempe.com						
E	E-mail address: (to be used for future annual re	port notific	ration)				
For fur	rther information concerning this matter, pleas	e call:					
Donn	a Luddie	,561	747-7300				
	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		Regi Divi P.O.	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				
INHS1	8 (2/14)						

• 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. N	ame of the limited liability company: J & B BEAK	LLC			
2. (a)	6230 W. INDIANTOWN ROAD		(b)	6230 V	V. INDIANTOWN ROAD
(-)	Principal office address of limited liability company:	 	(0)		Mailing address of limited liability company:
	(<u>Note: MUST BE STREET ADDRESS</u>) JUPITER, FL 33458			HIDIT	(Note: MAY BE POST OFFICE BOX)
	JOFITER, FL 33436			JUPITE	ER, FL 33458
•	11/05/2013		Į	_13000 <i>1</i>	155746
3.	Date of filing/registration in Florida	4.		<u></u>	Document number
5. (a)	SCOTT E. JOHNSON				
-	Registered Agent and Registered Office shown on the records of	of the Flor	rida l	Dept. of Sta	ate:
	111 NORTH ORANGE AVENUE SUITE 9	00			
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRE	ESS)		_
					701 A
	ORLANDO	3280	01		2011 APR -7 FALLAHASS
	, r	`L		· · · · · · · · · · · · · · · · · · ·	- H ASS 1. F
(b)	WILLIAM F. BUTRYMOWICZ				and the second s
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office	add	re <u>ss</u> :	· - T
	6230 W. INDIANTOWN ROAD				FLORIDE STATE
	NEW Registered Office Address:				_
	TO STATE OF THE PROPERTY OF TH				
	HIDITED			*,	_
	JUPITER, F	L_3345	08 		_
If the	limited liability company is not organized under the l	aws of t	the S	State of F	lorida, it is hereby confirmed that after
the ch	ange or changes are made, the Florida street address	of the re	egist	ered offic	ce and the business office of the registered
was/w	will be identical. Or, in the case of a Florida limited are authorized by an Affirmative vote of the members	of the l	limi	ted liabili	ity company or as otherwise provided in
the art	ides of organifation the operating agreement of the			•	• •
Slenz	ature of a member of authorized representative of a member	Printed or typed name of signee			
I here	by accept the annaintment as registered agent and a	oree to i	act i	in this ca	nacity I further agree to comply with the
provis the lob	ions of all statifies relative to the proper and complet ligations of my position as registered agent as provide	le perfoi	rma n C	nce of my	duties, and I am familiar with and accept of F.S. Or if this document is being filed
to mer notifie	ions of all statilits relative to the proper and complet ligations of my position as registered agent as provide the reflect a dhappe in the registered office address, a nwriting of this change.	I hereby	v coi	nfirm tha	t the limited liability company has been
1 <i>X /</i>					
Signati	ire of Registered Agent				
	Division of Corporations • P.O.	Box 63	327	Tallaha	nssee, FL 32314

FILING FEE: \$25.00