L14000125243

(Requestor's Name)						
(Address)						
(Âddress)						
(C	ity/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL MAIL				
(B	lusiness Entity Nan	ne)				
(Document Number)						
Certified Copies	Certificates	s of Status				
Special Instructions to Filing Officer:						
		<u> </u>				

Office Use Only



800345424828

06/08/28--01017--004 **25.00

070 JULI -8 AM 8: 40

RARDICHS

JUN 22 2020 I ALBRITTON

COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations		•	
SUBJE		***************************************		
	Name	e of Limited Lia	bility Company	
Dear S	ir or Madam:			
The en-	closed Registered Agent/Registered Offi	ce Change and f	ee(s) are submitted for filing.	
Please	return all correspondence concerning this	s matter to the fo	ollowing:	
Dena	La Porta			
	Name of Person		_	
ZenB	usiness			
•	Firm/Company		_	
702 S	San Antonio Street, 4th Floor			
	Address		-	
Austii	n, TX 78701			
	City/State and Zip Code		_	
fulfilln	nent@zenbusiness.com			
Ē	-mail address: (to be used for future anni	ual report notific	cation)	
For fur	ther information concerning this matter,	please call:		
Dena	La Porta	512	237-7349	
	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	R eg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee. Florida 32314	
	Enclosed is a check for the following	amount:		
	☑ \$25 Filing Fee	□ \$55	5 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.

Na	me of the limited liability company: Beth A. M	layer LLC			
(a)	4505 Winerville Rd.	(b) 4	(b) 4505 Winterville Rd.		
(12)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Spring Hill, FL 34608	<u>s</u>	pring Hill, FL 34608		
	08/11/2014		4000125243		
	Date of filing/registration in Florida	4.	Document number		
(a)	United States Corporation Agents, Inc.				
(4)	Registered Agent and Registered Office shown on the record	ds of the Florida De	pt. of State:		
	Registered Office Address (MUST BE FLORIDA STRE 5575 S. Semoran Blvd., Suite 36	EET ADDRESS)	20.		
	Orlando	, FL 32822			
(b)	Registered Agents Inc.				
` /	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	tered Office addres	# 8: t0		
	NEW Registered Office Address:				
	7901 4th St N, Suite 300				
	St. Petersburg	, FL 33702			
e cha ent v as/we e arti	imited liability company is not organized under thange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the membicles of organization or the operating agreement of	ss of the register ed liability comp ers of the limited	ed office and the business office of the register bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in ility company.		
igna	ture of a member or authorized representative of a member		Beth Mayer Printed or typed name of signee		
herei ovisi e obl mere	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as proefly reflect a change in the registered office address by writing of this change.	d agree to act in olete performanc ovided for in Cha sss, I hereby confi	this capacity. I further agree to comply with the of my duties, and I am familiar with and accupter 605, F.S. Or, if this document is being filling that the limited liability company has been		

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