LISOOD 124 038

(Requestor's Name)					
(Address)					
(Address)					
(City/S	tate/Zip/Phor	ne #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	es of Status			
Special Instructions to Filing Officer:					

Office Use Only



900336319629

11/04/19--01016--003 **25.00

2019110Y -4 AH (1: 0)

A

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporat	ons					
SUBJECT: MICHAEL BE	MICHAEL BECK INTERNATIONAL LLC					
· - · · · · · · · · · · · · · · · · · ·	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Age	nt/Registered Office Cha	nge and fe	e(s) are submitted for filing.			
Please return all corresponde	nce concerning this matte	r to the fo	llowing:			
ETHAN BECK						
Nam	e of Person		-			
MICHAEL BECK INTER	NATIONAL LLC					
Firm	/Company		•			
1749 ARCADIA WAY						
Ad	dress	_	•			
BOCA RATON, FL 3348	7					
City/Stat	e and Zip Code		•			
ebeck525@gmail.com						
E-mail address: (to be u	sed for future annual repo	ort notifica	ition)			
For further information conce	rning this matter, please of	call:				
ETHAN BECK	6	46	208-9859			
Name of Pers	on		Area Code & Daytime Telephone Number			
STREET/COURIE	ADDRESS:		LING ADDRESS:			
Registration Section		Registration Section				
Division of Corporati Clifton Building	ons	Division of Corporations P.O. Box 6327				
2661 Executive Center	er Circle	Tallahassee, Florida 32314				
Tallahassee, Florida		Lana	iassee, 1701tda 32314			
Enclosed is a check	for the following amoun	t:				
☑ \$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. Na	ame of the limited liability company: MICHAEL BE	ECK IN	TERNATI	ONAL LLC
2. (a)		(b)	
• •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1749 ARCADIA WAY		1749 AI	RCADIA WAY
	BOCA RATON, FL 33487		BOCA F	RATON, FL 33487
	07/20/2015		L150001	24038
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
()	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. of Star	ie:
	ETHAN BECK			是量力
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRES	<u>:S)</u>	
	1728 ARCADIA WAY			
	BOCA RATON EL	33487		DOUBLE THE TOTAL STREET
	, PI.			
(b)				2
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office 2	ddress:	7
	ETHAN BECK			
	NEW Registered Office Address:			_
	1749 ARCADIA WAY			_
	BOCA RATON FI	33487	,	
				_
he cha igent v vas/wo	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited licere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	the reg ability c of the lir	istered offic ompany, it i nited liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
	Electrical	ET	HAN BEC	K
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi he obl o mere	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I i I in writing of this change.	nerforn	nance of my	duties and I am familiar with and accom
Signatu	of Registered Agent			