15000177695

(Requestor's Name)						
(Address)						
(Address)						
(Cit	y/State/Zip/Phone	(#)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
		i				

Office Use Only



500291824385

11/02/16--01004--016 **25.00

16 NOV -2 PM 6: 61.

110V 0 3 2016

Y SULKER

COVER LETTER

Division of Corporations		
SUBJECT: beaux Patrick, LLC		
	ne of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
beaux Patrick Name of Person		
beaux Patrick, LLC Firm/Company	•	
1906 Weltin St. Address		
Orlando, FL 32803 City/State and Zip Code	······································	
beauxpatrick@gmail.com E-mail address: (to be used for future ann		
For further information concerning this matter,	, please call:	
	at (<u>407</u>) <u>488-3945</u>	
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	; amount:	
X\$25 Filing Fee	\$55 Filing Fee & Certified Copy	
INHS18 (2/14)		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursu'ant 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	me of the limited liability company:beaux Patrick,	LLC		
2	(a)	1906 Weltin St.	_ (b) same	
۷.	(a)	Principal office address of limited liability company:	_ ('		Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
		Orlando, FL 32803	_		
			-		
				* * ***	177.05
_		10-15-2015		L15000	
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Harry P. Hubbard, Jr.			
٥.	(4)	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of St	ate:
		•		•	
		1906 Weltin St			— <u> </u>
		Registered Office Address (MUST BE FLORIDA STREET A.	<u>DDRESS</u>	<u>5)</u>	二
					NOV AHA
					- ASS
		Orlando , FL_	30823		
	(b)	beaux Patrick			
	` '	Enter name of NEW Registered Agent and/or NEW Registered (Office ad	dress:	ELORID.
		1906 Weltin St			
		NEW Registered Office Address:			_
		Mary Registered Office Planets.			
					_
		Orlando ,FL	3280	3	
		Onando , rL		<u> </u>	_
If	the l	imited liability company is not organized under the law	s of the	State of I	Florida, it is hereby confirmed that after
		nge or changes are made, the Florida street address of			
ag	ent v	vill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of	Dillty Co	ompany, ii sited liabil	is nereby confirmed that the change(s)
		cles of organization or the operating agreement of the l			
		182 ()		•	
_	Siona	ture of a member or authorized representative of a member	<u>P.</u>	Huobard	(Harry P Hubbard, Jr.) Printed or typed name of signee
	-	<i>)</i>	4	والمراجع المراجع المراجع	,
n	ovisi	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete <u>p</u>	perform	ance of m	v duties, and I am familiar with and accept
th	e obl	igations of my position as registered agent as provided By reflect a change in the registered office address, I h	for in	Chapter 6	05, F.S. Or, if this document is being filed
no	mere Sti <u>fie</u>	rly reflect a change in the registered office address, I h Lin w riti ag of this change.	егеоу с	onju m inc	a me amueu naouny company nas veen
	+				
S	enatu	re of Registered Agent			