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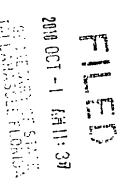
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BÉTON STUDIO, L	LC Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	nange and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
JONATEMAN HAYWOOD Name of Person		
BÉTON STUDIO Firm/Company		
2621 FAIRFIELD AVENUE Address	SOUTH	
ST. PETE FL 33712 City/State and Zip Code		
onathan a betonstudio. Co E-mail address: (to be used for future annual re	port notification)	÷
For further information concerning this matter, please	e Can.	
Name of Person at	(813) 480 6156 Area Code & Daytime Telephone Number	2018 as
STREET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section	- C
Registration Section Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	101.1 year 101.1 1
Enclosed is a check for the following amo	unt:	

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

🚨 \$25 Filing Fee

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.

Name of the limited liability company:
2. (a) 651 AVGUSTA BLVD (b) 651 AVGUSTA BLVD Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
SEMINOLE, FL 33777 ESSEMINOLE, FL 33777
12/07/15 L15000206999 3. Date of filing/registration in Florida 4. Document number
5. (a) Jouathan Haywood Registered Agent and Registered Office shown on the records of the Florida Dept. of State
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SEMINOLE FL 33777
Enter name of NEW Registered Agent and/or NEW Registered Office address
2621 FARFIELD AVENUE SOUTH NEW Registered Office Address.
ST. PETERSBURG, FL 33712
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
Signature of a member or authorized representative of a member Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my wistition as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a charge in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.
Signature of Registered Ascet Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
FILING FEE: \$25.00

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