L16000093924						
(Requestor's Name) (Address) (Address)	800319214248					
(City/State/Zip/Phone #)	10/16/1801029007 **55.00					
(Business Entity Name) (Document Number)	CT 1 5 CD					
Certified Copies Certificates of Status	FILED SECTIS PH 2:43 SECTION OF STATE TALLAHASSEE, FL					

Office Use Only

.

## **COVER LETTER**

**Registration Section** TO: **Division of Corporations** 

SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EARP Name of Person

BEAR SERVICES LLC Firm/Company

O SOUTHRIDGE RD. Address

BEACH

D@Ccolbear, Con E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>501</u>) <u>572-3636</u> Area Code & Daytime Telephone Number

Name of Person

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:

□ \$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	me of the limited liability company: <u><u>COOL</u></u>	BEAR	SERVICE	55 LLC
2. (a)	120 SOUTHBIDGE RD. Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> ) DERAY BEACH, FL 33-144	(b)		DUTHBIDGE RD. ddress of limited liability company: <u>MAY BE POST OFFICE BON</u> BEACH, FL 33444
3.	Date of filing/registration in Florida	 4.		ient number
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florida I	Dept. of State:	
	Registered Office Address <u>(MUST BE FLORIDA STREET A</u> , FL, FL,			FILE F
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u>Office addı</u>	<u>'ess</u> :	EF STATE
	NEW Registered Office Address: 120 SOUTHRIDGE RD			
	DRAY BEACH	33	144	
the char agent w was/we the artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of rill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members o cless of organization or the operating preement of the ure to the member or authorized representative of a member	the regist	ered office and th npany, it is hereby ed liability comp ability company.	e business office of the registered

Increby 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 Jamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

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