L16000233587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong form

Office Use Only

200318084292

09/10/18--01012--027 **35.00

18 OCT 15 PM 4:42

RA Change

OCT 17 2018

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEABOVE LEADERSHIP
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:

URSULA POTTINGA
Name of Person

BEABOVE LEADERSHIP
Firm/Company

2650 HOLIDAY TRAIL
Address

KISSIMMEE, FL 34746
City/State and Zip Code

URSULA@beaboveleadership.com
E-mail address: (to be used for future annual report notification)

15 OCT 15 PM 4:47

For further information concerning this matter, please call:

U. Pottinga at (612) 240-2176
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:

☒ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (2/14)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2018

URSULA POTTINGA
BEABOVE LEADERSHIP
2650 HOLIDAY TRAIL
KISSIMMEE, FL 34746

SUBJECT: BEABOVE LEADERSHIP LLC
Ref. Number: L16000233587

We have received your document for BEABOVE LEADERSHIP LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership or Limited Liability Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 018A00019000

check $25

18 OCT 15 PM 1:17

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. Name of the limited liability company: BEABOVE LEADERSHIP

2. (a) 2650 HOLIDAY TRAIL, KISSIMMEE, FL 34746
Principal office address of limited liability company: *(Note: MUST BE STREET ADDRESS)*

(b) SAME
Mailing address of limited liability company: *(Note: MAY BE POST OFFICE BOX)*

WAS: 1107 Blaze ST.
Celebration, FL 34747

3. 12/29/2016
Date of filing/registration in Florida

4. L16000233587
Document number

5. (a) URSULA POTTINGA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
2650 HOLIDAY TRAIL
KISSIMMEE, FL 34746

WAS: 1107 Blaze St.
Celebration,
FL 34746

(b)
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
2650 HOLIDAY TRAIL
KISSIMMEE, FL 34746

18 OCT 15 PM 4:42

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.

U Pottinga
Signature of a member or authorized representative of a member

Ursula POTTINGA
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 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.

U Pottinga
Signature of Registered Agent

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

INHS18 (2/14)