L17000054167

(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

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2023 JAN -2 AM 8:46

FEB 11

S. PRATHER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2022

BILLRON INVESTMENTS LLC
26336 STATE ROAD 19
HOWEY IN THE HILLS, FL 34737

SUBJECT: BILLRON INVESTMENTS LLC
Ref. Number: L17000054167

We have received your document for BILLRON INVESTMENTS 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 CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 822A00026611

PM 1:35

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: [illegible] LLC
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:

[illegible]
Name of Person

Potomac Land Company
Firm/Company

[illegible]
Address

[illegible] FL [illegible]
City/State and Zip Code

[illegible]
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

[illegible] at [illegible]
Name of Person / Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ $25 Filing Fee

☐ $55 Filing Fee & Certified Copy

[illegible]

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

Pursuant to Section 605.0113, Florida Statutes, the undersigned limited liability company submits the following statement to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company: BeBee Sales LLC

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Date of filing registration in Florida

Document number

Name of Florida limited liability company: BeBee Sales LLC

(MUST BE FLORIDA STREET ADDRESS)

2639 South Road Suite 206

Miramar FL 33025

Name of New Registered Agent: Harrell Law, PLLC

New Registered Agent and New Registered Office address

New Registered Office Address:
2639 South Road Suite 206

Miramar FL 33025

New Registered Agent's Signature, if changing

If the limited liability company is not organized under the laws of the State of Florida, I hereby certify 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.

William Collins, Esq.

Signature of Member or Authorized Representative

Printed or Typed Name of Member or Authorized Representative

I hereby certify that the information indicated on this statement complies with the applicable provisions of Section 605.0113, Florida Statutes. I understand that the designation as registered agent is not effective until this statement is filed with the Florida Department of State. I further understand that I am designating myself to act as registered agent and to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the duties and obligations of Section 605.0113, Florida Statutes.

Signature of New Registered Agent

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

SOS SIX 214

2023 JAN -2 AM 8:15