

L17000058193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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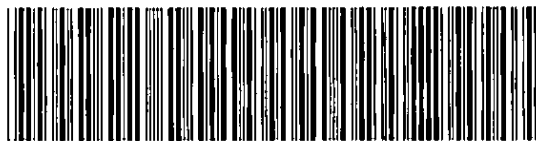
(Business Entity Name)

(Document Number)

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2017 OCT 16 PM 4:46
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D. SCOTT

OCT 16 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1800 Beck Ave Massage 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:

Qun Shen

Name of Person

1800 Beck Ave Massage LLC

Firm/Company

169 Auburndale Dr

Address

Ponte Vedra, FL 32081

City/State and Zip Code

qunshen1968@gmail.com

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

For further information concerning this matter, please call:

Qun Shen

850

377-1443

at (_____) _____

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

FILED
OCT 16 PM 5:11
TALLAHASSEE, FL
CLERK OF COURT

**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.

1800 Beck Massage LLC

1. Name of the limited liability company: _____

2. (a) 169 Auburndale Dr (b) 169 Auburndale Dr

Principal office address of limited liability company: Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Ponte Vedra, FL 32081 Ponte Vedra, FL 32081

3/14/2017

L17000058193

3. Date of filing/registration in Florida 4. Document number

David Williams

5. (a) _____

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1800 Beck Ave

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Panama City 32405

FL _____

Qun Shen

(b) _____

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

169 Auburndale Dr

NEW Registered Office Address:

Ponte Vedra 32081

FL _____

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.

Qun Shen

Signature of a member or authorized representative of a member

Qun SHEN

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.

Qun Shen

Signature of Registered Agent

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