

417000185627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

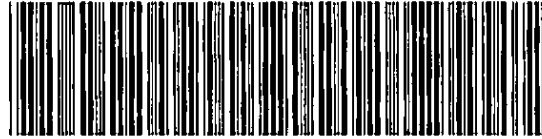
(Document Number)

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18 OCT 18 PM 12:05  
TALLAHASSEE, FLORIDA

← SALY

OCT 24 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 25, 2018

BET-INSURANCE SERVICES LLC  
BETTY JOSEPH  
10440 SW STEPHANIE WAY, STE. 101  
PORT-ST-LUCIE, FL 34987

SUBJECT: BET-INSURANCE SERVICES LLC  
Ref. Number: L17000185627

We have received your document for BET-INSURANCE SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 318A00020030

RECEIVED  
2018 OCT 18 PM 1:23

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BET-INSURANCE SERVICES 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:

**BETTY JOSEPH**

Name of Person

**BET-INSURANCE SERVICES LLC**

Firm/Company

**10440 SW STEPHANIE WY STE 101**

Address

**PORT-ST-LUCIE, FL 34987**

City/State and Zip Code

**betinsurance2017@gmail.com**

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

For further information concerning this matter, please call:

**BETTY JOSEPH**

Name of Person

at ( **561** ) **506-06-87**

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

**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: BET-INSURANCE SERVICES LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

601 N. CONGRESS AVE STE 104-A

10440 SW STEPHANIE WY STE 101

DELRAY BCH, FL 33445

PORT-ST-LUCIE, FL 34987

08/30/2017

L17000185627

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

5. (a) BETTY JOSEPH

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

601 N. CONGRESS AVE STE 104-A

DELRAY BCH, FL 33445

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

NEW Registered Office Address:

466 SW PORT ST. LUCIE BLVD # 109

PORT ST. LUCIE, FL 34953

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.

Betty Joseph  
Signature of a member or authorized representative of a member

BETTY JOSEPH

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.*

Betty Joseph  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00