11000 230 044

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
·		
(Do	cument Number)	
(,	
Certified Copies	Certificates o	f Status
Certified Copies	_ Certificates of	Otatus
Special Instructions to	Filing Officer:	
	<u> </u>	

Office Use Only



100335474221

FILING CANCELLED
DUE TO RETURNED CHECK

10/24/16--01008--025 *+25.00

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJE				
	Nam	ne of Limited Lia	bility Company	
Dear Si	r or Madam:			
The end	closed Registered Agent/Registered Off	ice Change and f	ee(s) are submitted for filing.	
Please r	return all correspondence concerning th	is matter to the fo	ollowing:	
Jonath	nan Dwyer			
	Name of Person		_	
B2B.BI LLC			FILING CANCELLED	
	Firm/Company		– DUE TO RETURNED CHECK	
109 La	aurel Ln.			
	Address	· · ·	_	
Ponte	Vedra Beach, FL 32082		_	
	City/State and Zip Code		_	
yvette	dwyer@pm.me			
E-	-mail address: (to be used for future ann	ual report notific	cation)	
For furt	ther information concerning this matter,	please call:		
Ývette	Dwyer	310 at (489-6240	
	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		Reg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314	
	Enclosed is a check for the following	; amount:		
	2 \$25 Filing Fee	□ \$55	5 Filing Fee & Certified Copy	
INHS18	3 (2/14)			

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.

5 ()	109 Laurel Ln.	(b) 109 Laurel Ln.			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (D)		ited liability company: OST OFFICE BOX)
	Ponte Vedra Beach		Ponte V	edra Beach	
	FL 32082	_	FL 3208	32	
	November 7, 2017		L1700023	30044	
3.	Date of filing/registration in Florida	4.		Document numbe	÷r
5. (a)	United States Corporation Agents, Inc.				
J. (a)	Registered Agent and Registered Office shown on the records of the shown on the s	he Florid	a Dept. of Stat	_ :e:	
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRES	<u>s)</u>	-	2019 GO
	Tampa . FL	33612		_	24
(b)	Jonathan Dwyer Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ldress:	- - ;.	PH 12: 4
				•	0
	NEW Registered Office Address:		· -	-	
	109 Laurel Ln.			FILING CA	NCELLED
	Ponte Vedra Beach	32082		DUETOR	ETURNED CHEC
the cha agent v was/we the arti Signa	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable reauthorized by an affirmative vote of the members of cles of organization or the operating agreement of the member of a member or authorized representative of a member on a member of a member of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered of the statutes of the registered of the provided the reflect a change in the registered of the statutes relative to the proper and complete in the registered of the provided the reflect a change in the registered of the statutes relative to the proper and complete in the registered of the proper and the proper	the reg bility of the lir limited Joi	istered office ompany, it i nited liabilit liability con nathan Dw	e and the business is hereby confirmed by company or as of mpany. VYET Printed or typed named active. I further active.	office of the registered d that the change(s) therwise provided in the of signee

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

Signature of Registered Agent