11800000 6568

	(Requestor's Name)	<u>-</u>
·	,	
	(Address)	
· ·	, 100,000)	
	(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	-
Opecial instructions to 1 lining Officer.		

Office Use Only



500325809825

03/11/19--01034 011 **55,00

HI 4:21 2019

I ALBRITTON

COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations	
SUBJI	ECT: BUSYBEESHIPPI Name	<u>NG LLC</u> of Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please	return all correspondence concerning this	matter to the following:
B	ANCA. C. LOCKI Name of Person	HART
BI	USUBEESHIPPING Firm/Company	b,UC
130	ONE 188 ST Address	
<u>M</u> /	City/State and Zip Code	9
bus	beeshippinalle 10 amail	il report notification)
For fur	ther information concerning this matter, p	lease call:
<u> B16</u>	Name of Person	at (561) 671 - 6327 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 a	
	☐ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy ■ Section 1

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:	BEESHIPPING LLC
2. (a)	(b)
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
11141 TORTUGAGEBOD	130 NE 188 ST
301, ORLANDO, \$1 32825	5 <u>Miami Fl.</u> 33179
3. Date of filing/registration in Florida	L1800006568 4. Document number
5. (a) PIANCA . LOCKH Registered Agent and Registered Office shown on the records of t	ART
Registered Office Address (MUST BE FLORIDA STREET A LITHIT TO TUCK BOND ORLANDO FL (b) SANCHIA V LOCK	301 301 3082S HART
Enter name of NEW Registered Agent and/or NEW Registered So NEW Registered Office Address:	Office address:
MIAMI, FL	33179
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) if the limited liability company or as otherwise provided in
Signature of a member or authorized representative of a member	SANCHIN V. Lockhart Printed or typed name of signee
organizate or a member of aumorized representative of a member	r rimed of typed name of signer

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.

Signature of Registered Agent

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