

L18000019179

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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2020 AUG -6 AM 10:49

CLERK OF STATE
TALLAHASSEE, FL

8/6/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change of registered agent
Name of Corporation _____

DOCUMENT NUMBER: L18000019179 _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Edwards

Name of Contact Person

BE4GJ, LLC

Firm/Company

8624 N Himes Avenue

Address

Tampa, FL 33614

City/State and Zip Code

kedwards@garyjamesinc.com

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

For further information concerning this matter, please call:

Karen Edwards

Name of Contact Person

at (813)

932-2570 x 9822

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State. - *already paid -*

att # 814177 dated 8/3/2020

Mailing Address:

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

Street Address:

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

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: BE4GT 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)

1531 S. Missouri Ave PO Box 271508
Clearwater FL 33756 Tampa FL 33688

3. 1/18/2018 4. L18000019179
Date of filing/registration in Florida Document number

5. (a) Gary J Johnson
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1208 W. Chater Street
Tampa, FL 33602

(b) Anthony J Giudicy
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
8624 N. Himes Ave
Tampa, FL 33614

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.

Karen Edwards Karen Edwards CFO
Signature of a member or authorized representative of a member Printed or 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]
Signature of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FL