## 118000027651

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	<del>= #)</del>
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

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SECRETARY OF STATE

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 23, 2018

ANNA BUTLER 528 BENJULYN RD CANTONMENT, FL 32533

SUBJECT: BEARDS AND SHEARS LLC

Ref. Number: L18000027651

We have received your document for BEARDS AND SHEARS 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.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 018A00003768



## **COVER LETTER**

TO: Registration Section Division of Corporations	,		
SUBJECT: BEALDS and Shears LLC Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning the	his matter to the following:		
anna Buster Name of Person	······································		
Beards and Shons UC Firm/Company	······································		
529 Benjulyn Rd.	<del></del>		
Contonnent, Fl. 32 City/State and Zip Code	533		
E-mail address: (to be used for future an	nual report notification)		
For further information concerning this matter	, please call:		
Own OP BALER Name of Person	at (850) 918-5717 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	g 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 665.0114 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 Name of the limited liability company: Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) -31-2018 Date of filing/registration in Florida 3. Document number Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Eninemi Registered Office Address Ensaco Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: Ensam 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. Printed or typed name of signee Signature of a member or authorized representative of a member 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. notified in writing of this change.

Signature of Registered Agent