L180000 60739

(Requestor's Name)				
(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:				

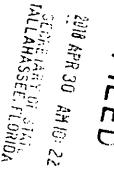
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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	Beth Zip Storytime Limited Liability Company					
		of Limited L	iability Company			
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offic	e Change and	I fee(s) are submitted for filing.			
Please	return all correspondence concerning this	matter to the	following:			
Beth.	Zylstra					
	Name of Person		_			
Beth	Zip Storytime Limited Liability Com	pany				
	Firm/Company		_			
4781	N CONGRESS AVE, SUITE 223					
	Address					
BOY	NTON BEACH, FL 33426					
	City/State and Zip Code					
Beth(@bethzipstorytime.com					
E-mail address: (to be used for future annual report notification)						
For fur	ther information concerning this matter, p	lease call:				
Beth 2	Zylstra	561 at (244-5559			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section		AILING ADDRESS:			
	Division of Corporations	Di	vision of Corporations			
	Clifton Building		O. Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301	Ta	Illahassee, Florida 32314			
	Enclosed is a check for the following amount:					
	■ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy			

INHS18 (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

l. Na	ame of the limited liability company: Beth Zip Stor	rytime Limited	Liability Company	
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)		
	4781 N CONGRESS AVE, SUITE 223	4781	N CONGRESS AVE, SUITE 223	
	BOYNTON BEACH, FL 33426	ВОҮ	NTON BEACH, FL 33426	
	4/26/2018	L1800	00060739	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	f State:	
	ZYLSTRA, BETH			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	1030 Grove Park Circle		ALL SEL	
	BOYNTON BEACHFI	_33436	2018 APR 30 SECOLLIANY ALLAHASSEE	
			FILE IFR 30 AM HASSEE, FLO	
(b)	Enter name of NEW Registered Agent and/or NEW Registered			
	Enter fame of NEW Registered Agent and/or NEW Registered	a Office aggress:	MO 22	
	Beth Zylstra		10,22	
	NEW Registered Office Address:			
	4781 N CONGRESS AVE, SUITE 223		 .	
	BOYNTON BEACH , FI	_33426		
the cha agent v was/we the arti- Signa I here provise the obli- to mero notified	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I do in writing of this change.	f the registered of iability company of the limited liability. Bell Tree to act in this	office and the business office of the registered to the interest of the registered to the standard of the registered that the change(s) oblitty company or as otherwise provided in recompany. 24/3+7a Printed or typed name of signee	