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COVER LETTER

Division of Corporations	·					
SUBJECT: R2 Beyond LLC						
Name (Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this i	matter to the following:					
Michael Rinaldi						
Name of Person						
R2 Beyond LLC						
Firm/Company	 					
37 Sunderland Lane						
Address						
Katonah, NY 10536						
City/State and Zip Code						
r2@r2beyond.com						
E-mail address: (to be used for future annua	l report notification)					
For further information concerning this matter, pl	case call:					
Michael Rinaldi	at (⁹¹⁴) 886-5733					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS:	MAILING ADDRESS:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building 2661 Executive Center Circle	P.O. Box 6327					
Tallahassee, Florida 32301	Tallahassee, Florida 32314					
Enclosed is a check for the following ar	nount:					
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

TO: Registration Section

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.

	ame of the limited liability company:					
(a)		(b) <u>37</u>	(b) 37 Sunderland Lane			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Palisades, NY 10964-1312	Ka	tonah, NY 10536			-
						·
	03/15/18	L180	000068622			
	Date of filing/registration in Florida	4. —-	Document nu	mber		
. (a)					
. (Registered Agent and Registered Office shown on the records of the state of the sta	he Florida Dep	ot, of State:			
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)			~ 3	
		_			2025	
	, FL				FEB	-
	, re				t. .	† -
(b)	Registered Agents Inc			· ;	Pr	m
	Enter name of NEW Registered Agent and/or NEW Registered	Office address	<u>.</u> :	i	†.	
	7901 4th St N				သ	
	NEW Registered Office Address:		····			
	STE 300					
	St. Petersburg . FL	33702				
ie ch gent /as/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liavere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registere ibility compa f the limited	ed office and the busing any, it is hereby confi- liability company or lity company.	ness off rmed th	fice of hat the	the registere change(s)
Sign	ature of a member of authorized representative of a member		Printed or typed	l name o	f signee	<u> </u>
rovis ie ob mei	why accept the appointment as registered agent and agrains of all statutes relative to the proper and complete digations of my position as registered agent as provided which is change in the registered office address, I fed in writing of this change.	ee to act in t performance I for in Chap tereby confi	his capacity. I furthe g of my duties, and I a ster 605, F.S. Or, if to m that the limited lia	r agrec m fami his doc bility c	e to co liar w ument ompai	mply with the ith and acce is being file ny has been

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

Signature of Registered Agent