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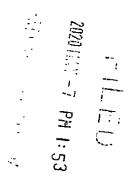
(Reques	tor's Name)			
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ALBRITTON

COVER LETTER

	egistration Section livision of Corporations		
SUBJEC	Bechive Beauty Company, LLC		
0020170		me of Limited L	iability Company
Dear Sir o	or Madam:		
The enclo	sed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.
Please ret	urn all correspondence concerning th	is matter to the	following:
Rick Wyle	es		
	Name of Person		
Beehive B	eauty Company, LLC		
	Firm/Company		
194 Vista	Ln.		
	Address		
Naples, Flo	orida 34119		
	City/State and Zip Code		_
rickwyles@	@aol.com		
E-ma	ail address: (to be used for future ann	nual report notif	ication)
For furthe	r information concerning this matter.	. please call:	
Rick Wyle	·s	239	572-0264
	Name of Person	at (Area Code & Daytime Telephone Number
Ro D P.	lailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
E	nclosed 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.

. (a)	194 Vista Ln.	(b	194 Vista l	Ln.		
. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0		Aailing address of limite (Note: MAY BE POS	-	
	Naples		Naples			
	Florida 34119		Florida 341	19		
	05/02/2018		L180001106	21		
. (a)	Date of filing/registration in Florida United States Corporation Agents, Inc.	4.		Document number		
(4)	Registered Agent and Registered Office shown on the records of 5575 S. Semoran Blvd.	of the Florida	Dept. of State	:		
	Registered Office Address Suite 36 [MUST BE FLORIDA STREE]	T ADDRESS				
	Orlando I	L		변 - 변 - 변	2020 112.4	-,
(b)	Rick Wyles				-< i	778 Date 2
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office add	l <u>ress</u> :		PH	· [] .
	194 Vista Ln.					<u> </u>
	NEW Registered Office Address:				53	
	Naples	L_34119				
iange gent w as/we e arti	mited liability company is not organized under the lor changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited at the re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne registered liability con s of the limi	d office and npany, it is ted liability	the business office hereby confirmed the company or as other	of the re	egistered :hange(s)
<u>C'</u>	ure of a member or authorized representative of a member			Printed or typed name of	WYL	e 5
Stenat	ure of a member or authorized representative of a member			Printed or typed name of	of signee	

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