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LJ PICK-UP	M AAMII	MAIL				
(B	usiness Entity Name	e)				
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Certified Copies	Certificates of	of Status				
Special Instructions to	Filing Officer:					
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Bell Beachwear LLC Name of Corporation			
DOCUMENT NUMBER: L18000152119			
The enclosed Statement of Change of Registered O	ffice/Agent and fee are submitted for filing.		
Please return all correspondence concerning this ma	atter to the following:		
·	J		
Marc Bell	•		
Name of Contact Person			
Firm/Company	· · · · · · · · · · · · · · · · · · ·		
6800 Broken Sound Parkway NW, Suite 200			
Address			
Boca Raton, FL 33487			
City/State and Zip Code			
mbell@marcbell.com			
E-mail address: (to be used for future annual re	port notification)		
•	,		
For further information concerning this matter, pleas	sa call:		
1 of termor mornation concerning this matter, prea-	se can.		
Marc Bell	at (561 \ \988-1701		
Name of Contact Person	at (561)988-1701 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Dep	partment of State.		
Mailing Address:	Street Address:		
Mailing Address: Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810		
	Tallahassee, FL 32303		

CR2E045 (04/13)

2020 JUN - G PM

March 30, 2020

MARC BELL 6800 BROKEN SOUND PKWY STE 200 BOCA RATON, FL 33487

SUBJECT: BELL BEACHWEAR LLC

Ref. Number: L18000152119

We have received your document for BELL BEACHWEAR LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II Supervisor

Letter Number: 620A00006877

COVER LETTER

O: Registration Section Division of Corporations					
SUBJECT: Beil Beachwear LLC 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 matter to the following:					
Marc Bell Name of Person					
Bell Beachwear LLC Firm/Company					
6800 Broken Sound PKWy NW, Ste 200 Address					
Boca Raton FL 33487 City/State and Zip Code					
mbell @marcbell.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Marc Bell at (561) 988-1701 Name of Person Area Code & Daytime Telephone Number					
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303					
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.

1.	Name of the limited liability company: <u>Bell Brack</u>	wear_1	LLC		
	a) <u>6800 Broken Sound Pkwy Mw</u> Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) <u>4800</u>		mited liability	• •
	Suite 200	Suite	200 _	<u> </u>	. <u></u>
	Boca Raton, FL 33487	Boca	Raton	FL 33	48.7
	6/20/2018	L18001	0152119		
3.	Date of filing/registration in Florida 4.		Document num	per	
5.	(a) <u>To-Jean Figuerra</u> , Esq. Registered Agent and Registered Office shown on the records of the Flo	rida Dept. of State	:		
	(4800 Broken Sound PRWY NW Registered Office Address (MUST BE FLORIDA STREET ADDRE	ESS)			
	Suite 200				
	Boca Raton .FL 33	487		*:	
(b) Marc Bell Enter name of NEW Registered Agent and/or NEW Registered Office	· address:			
	. coo a la company de la compa				
	W800 Broken Sound PKWy 1 NEW Registered Office Address:	VW		•	
	Suite 200			ນ: ບ.	
	Boca Raton .FL 33	487			
cha age was the	araby account the appointment as registered about and agree to	tered office and company, it is limited liability com Jennife	the business of hereby confirm company or as pany. Printed or typed noticity. I further of	Tice of the red that the conterwise purchase of signed	egistered change(s) provided in early with the
pro the to n	visions of all statutes relative to the proper and complete perform obligations of my position as registered agent as provided for interest reflect a change in the registered office address. I hereby the discountry of this change	rmance of my a In Chapter 605, c confirm that t	uties, and Lam F.S. Or, if this he limited liabil	jamuiar wit document i ity company	n ana accept s being filed rhas been

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

Signature of Registered Agent