## 118000225455

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	iy/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					





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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 30, 2020

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

SUBJECT: BEETLEJUICE BROADWAY INVESTORS LLC

Ref. Number: L18000225455

We have received your document for BEETLEJUICE BROADWAY INVESTORS 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 PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 920A00006931

Catherine M Wood Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Beetlejuice Broad	dway Investors IIC ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	is matter to the following:
Marc Bell Name of Person	
Beetlejuice Broadway Firm/Company	investors LLC
6800 Broken Sound Pkw Address	y NW SKE 200
Boca Rakon FL 33487 City/State and Zip Code	
mbell 2 marebell . com E-mail address: (to be used for future ann	nual report notification)
For further information concerning this matter.	please call:
Marc Bell Name of Person	at ( <u>561</u> ) <u>988-1701</u> Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following	amount:
□ \$25 Filing Fee	S55 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.

G i I				
1. Name of the limited liability company: <u>Beefle</u>	ejuice Di	roadu	ay inv	<u>es1015 LC</u>
2. (a) <u>L800 Broken Sound Pking Ni</u> Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	<u>(C)</u> (b) <u>(</u>	Ma	ailing address o	Sound PKWY NW flimited liability company: <u>EPOST OFFICE BOX</u> )
Suite 200		Suite .	200	
Boca Raton FL 33487		Воса	Raton	FL 33487
9/21/2018			102254	
3. Date of filing/registration in Florida	4.		ocument nu	mber
5. (a) JO-Jean Figueira, Esq. Registered Agent and Registered Office shown on the reco	rds of the Florida De	ept. of State:		
<u> 19800 Broken Sound PKWi</u> Registered Office Address <u>(MUST BE FLORIDA STR</u>				
Suite 200				
Boca Raton	.FL <u>3348′</u>	7		
(b) Marc Bell				2020 1
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Kegn</u>	stered Office addre	288:		; _ <del>-</del>
6800 Broken Sound PKW	1 NW			70
NEW Registered Office Address:	J			<del>ល</del> ិ ,
Saite 200				23
Buca Raton	_, FL <u>3348</u>	7		
If the limited liability company is not organized under the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limit was/were authorized by an affirmative vote of the member of organization or the operating agreement of Signature of a member or authorized representative of a member	of the registered of ed liability compoers of the limite of the limited liab	office and to pany, it is hed liability composition	the business hereby confir company or a any.	office of the registered med that the change(s)
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compute obligations of my position as registered agent as proto merely reflect a change in the registered office address notified in writing of this change.	d agree to act in olete performand ovided for in Cha ss, I hereby confi	this capac we of my du upter 605, l irm that the	ity. I further ties, and I ar F.S. Or, if the c limited lial	agree to comply with the maniliar with and accept as document is being filed willy company has been

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

Signature of Registered Agent