

L18000247498

(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:

Office Use Only



600328310536

05/06/19--01013--008 **25.00

APPROVED
AND
FILED
2019 MAY -6 PM 3:15
CITY OF INDIANAPOLIS
CLERK OF SUPERIOR COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B' On Time Concierge

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:

Jeffrey Lawrence

Name of Person

B' On Time Concierge

Firm/Company

455 Bouchelle Dr Apt 119

Address

New Smyrna Beach FL 32169

City/State and Zip Code

jeffrey.lawrence2013@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Lawrence

at (954)

4646231

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

APPROVED
AND
FILED

2019 MAY -6 PM 3:15

**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: B' On Time Concierge
2. (a) 455 Bouchelle Dr Apt 119
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
New Smyrna Beach
FL 32169
- (b) 455 Bouchelle Dr Apt 119
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
New Smyrna Beach
FL 32169
3. October 22 2018
Date of filing/registration in Florida
4. L18000247498
Document number

5. (a) Legal Zoom
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

- (b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Jeffrey Lawrence

NEW Registered Office Address:

455 Bouchelle Dr Apt 119

New Smyrna Beach, FL 32169

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jeffrey Lawrence
Signature of a member or authorized representative of a member

Jeffrey Lawrence

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Jeffrey Lawrence
Signature of Registered Agent

APPROVED
AND
FILED
2019 MAY -6 PM 3:15
TALLAHASSEE, FL
DIVISION OF CORPORATIONS