## L18000247498

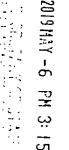
(Requestor's Name)								
(requestes 5 Harris)								
(Address)								
(Hadroso)								
(Address)								
(Hadress)								
(City/State/Zip/Phone #)								
(Only) States 21 pri Hone #/								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								





600328310536

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



APPROYED AND FILED

## **COVER LETTER**

	Registration Section Division of Corporations		. • <b>•</b>		
SUBJEC	B' On Time Concierge				
~ ~ ~ · · · · · · · · · · · · · · · · ·		ne of Limited	Liability Company		
Dear Sir	or Madam:				
The encl	osed Registered Agent/Registered Off	fice Change an	d fee(s) are submitted for filing	ļ <del>.</del>	
Please re	eturn all correspondence concerning th	is matter to the	e following:	_	
Jeffrey	Lawrence				
	Name of Person				
B' On 1	Time Concierge				
	Firm/Company			<u></u>	<u>.</u>
455 Bo	uchelle Dr Apt 119				AP.
	Address	· · ·	<del></del>	= 1 <del>-</del> 1	
New S	myrna Beach Fl 32169				mac⊂
	City/State and Zip Code		<del></del>		ა -
jeffrey.	lawrence2013@gmail.com			U	ו
E-1	nail address: (to be used for future and	nual report not	ification)		
For furth	ner information concerning this matter.	, please call:			
Jeffrey	Lawrence	954 at (	<sub>\</sub> 4646231		
	Name of Person	ar (	Area Code & Daytime Telep	phone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		R D P	falling address: egistration Section vivision of Corporations O. Box 6327 allahassee, Florida 32314		
1	Enclosed is a check for the following	gamount:			
í	<b>2</b> \$25 Filing Fee		\$55 Filing Fee & Certified Copy	y	

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.	Na	ume of the limited liability company: B' On Time Co	ncier	де		
2. (a	1)	455 Bouchelle Dr Apt 119	(b) 455 Bouchelle Dr Apt 119			
2. (	•,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ ``		viailing address of limited liability (Note: MAY BE POST OFFIC	
		New Smyrna Beach		New Smy	yrna Beach	
		FL 32169	_	FI 32169	)	· · · · · ·
		October 22 2018		L1800024	17498	
3.		Date of filing/registration in Florida	4.		Document number	
5. (	a)	Legal Zoom				
J. (	,	Registered Agent and Registered Office shown on the records of the	ne Florid	a Dept. of State	::	
		Registered Office Address (MUST BE FLORIDA STREET A.	DDRES	<u>S)</u>		
						<b>3</b>
		FL_				AP F
(1	b)				6	LEASE PROPERTY
	-,	Enter name of NEW Registered Agent and/or NEW Registered C	Office ac	ldress:		0.04
		Jeffrey Lawrence			3:15	Ü
		NEW Registered Office Address:			-	
		455 Bouchelle Dr Apt 119			-	
		New Smyrna Beach .FL	32169		_	
the cagen was/the a	tha it v we arti	imited 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 liabere authorized by an affirmative vote of the members of organization or the operating agreement of the law of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pr	the reg bility c I the lin imited Jef	istered office ompany, it is nited liability liability com frey Lawre	e and the business office of the shereby confirmed that the sty company or as otherwise propany.  Printed or typed name of signed active. I further cores to confident.	he registered change(s) provided in
		ons of all statutes relative to the proper and complete in igations of my position as registered agent as provided ely reflect a change in the registered office address. I have a change in the registered office address. I have a status of the change in the registered of the registere	for in ereby c	Chaptèr 605, confirm that t	), F.S. Or, if this document i the limited liability compan	s being filéd Aus been