

L19000136633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

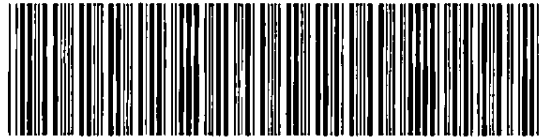
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
TALLAHASSEE, FLORIDA

2023 AUG 14 PM 4:00

THE BEYOUTIOLOGIST, LLC



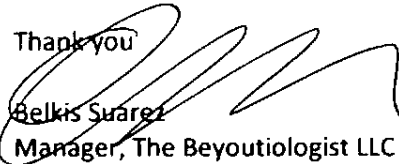
August 10, 2023

Registration Section
Division of Corporations

Good afternoon:

Please find attached a completed Statement of Registered Agent/Registered Office Name form, together with a check in the amount of \$25.00 representing the filing fees.

Thank you


Belkis Suarez
Manager, The Beyoutiologist LLC
5362 SW 125 Avenue
Miramar, FL. 33027
Cell: 786-912-0296

Belkis@beyoutiologist.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Beyoutiologist, 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:

Belkis Suarez

Name of Person

The Beyoutiologist

Firm/Company

5362 SW 125 Avenue

Address

Miramar, FL 33027

City/State and Zip Code

Belkis@beyoutiologist.com

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

For further information concerning this matter, please call:

Belkis Suarez

786-912-0296

at (_____) _____

Name of Person

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

☐ \$55 Filing Fee & Certified Copy

**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: The Beyoutiologist, LLC

2. (a) 5362 SW 125 Ave, Miramar, Fl. 33027 (b) 5362 SW 125 Ave, Miramar, Fl. 33027

Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*

Mailing address of limited liability company:
*(Note: **MAY BE POST OFFICE BOX**)*

5/21/2019

L19000136633

3. Date of filing/registration in Florida 4. Document number

5. (a) Belkis Suarez

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

501 East 18 Street

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Hialeah, FL 33013

(b) Belkis Suarez

Enter name of NEW Registered Agent and/or NEW Registered Office address:

5362 SW 125 Ave.

NEW Registered Office Address:

Miramar, FL 33027

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.

Signature of a member or authorized representative of a member

BEIKIS SUAREZ
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.

Signature of Registered Agent

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