119000177787

(Requestor's Name)	
(Address)	111111111
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
missina Signature	

Office Use Only



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COVER LETTER

~	ion of Corporations			, 50 a s	. t.
SUBJECT:	Dancino	WITh	Nat, LLC	,	
		Name o	f Limited Liability C	ompany	
Dear Sir or M	ladam:				
The enclosed	Registered Agent/Regi	istered Office	Change and fee(s) are	e submitted for fil	ing.
Please return	all correspondence cor	icerning this m	natter to the following	<u>2</u> :	
Na	talia Bee!	sing			
	Name of Pe	rson	_		
	_				
	Firm/Comp	any			
1034	I SW BA TE	er			
_	Address				20
Miar	ni, FL 331	o 5			022 RO7 14 FG 4:
	City/State and 2	Zip Code			
	esinio @ v	•			· ·
E-mail a	address: (to be used for	future annual	report notification)		
For further in	formation concerning	this matter, ple	ease call:		, c
Nato	alia Beesh	<u> </u>	at ()	75-08	
	Name of Person		Area C	Code & Daytime T	'elephone Number
Regis Divis Clifto 2661	EET/COURIER ADD stration Section sion of Corporations on Building Executive Center Circ shassee, Florida 32301		Registration Division of P.O. Box 63	Corporations	
Encl	osed is a check for the	e following an	10unt:		
□ \$2	25 Filing Fee		☐ \$55 Filing	Fee & Certified (Copy

INHS18 (2/14)

REGENT

2022 NOV 14 PH 4: 00



(copy of letter)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

thank you! "

October 11, 2022

NATALIA BEESING 10341 SW 52 TER MIAMI, FL 33165

SUBJECT: DANCING WITH NAT LLC

Ref. Number: L19000177787

We have received your document for DANCING WITH NAT LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You are missing the signature of a member or authorized representative of a member.

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: 222A00022749

Diane Cushing Senior Section Administrator

www.sunbiz.org

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: 2. (a) 1972 SW 53 AVE Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Play tation, FL 83317 Dialy tation, FL 83317
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
plantation, FL 63317 plantation FL 33317

JULY 10, 2019 L19000177787
3. Date of filing/registration in Florida 4. Document number
5. (a) Cheyenne Moseley, us well and Registered Office shown on the records of the Florida Dept. of State:
united states corp. agents, inc.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5575 S. SOMORAN BLVD 34
oplando32822
(b) Natalia Beesing Enter name of NEW Registered Agent and/or NEW Registered Office address:
Enter name of NEW Registered Agent and/or NEW Registered Office address:
10341 SW 52 TER
NEW Registered Office Address:
Miamire 33165
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 register 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.
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Signature of a member or authorized representative of a member National N. Beesing Printed or typed name of signee

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 priting of this change.

Signature of Registered Agent