## L19000 253089

(Re	questor's Name)	
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Office Use Only



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## **COVER LETTER**

	co	VER LETTER		
TO:	Registration Section			
	Division of Corporations	_		
		ar a		
SUBJI	WOMEN INVESTMENT NETWORK, LLC ECT:			
	Name of Limited Liability Company			
Dear S	Sir or Madam:			
The en	nclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter	to the following:		
ROBIN	N BEECHAM-JONES	·		
	Name of Person			
WOM	EN INVESTMENT NETWORK, LLC			
	Firm/Company	<del></del>		
9351 T	ALWAY CIRCLE			
	Address			
BOYN	TON BEACH, FL 33472			
	City/State and Zip Code			
ROBIN	NJONES561@YAHOO.COM			
E	-mail address: (to be used for future annual repo	rt notification)		
For fur	ther information concerning this matter, please c	all:		
WOMI		61 7978770		
	Name of Person	Area Code & Daytime Telephone Number		
	Mailing Address:	Street Address:		
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327	The Centre of Tallahassee		
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the following amount	t:		
	■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		
Nuscu	•	= 555 7 ming 1 ce to continue copy		
INHSI	8 (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.

(a)	9351 TALWAY CIRCLE	(b)	#190- 8927 HYPOLUXO ROAD SUITE A-4
•	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	. , _	Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX
	BOYNTON BEACH, FL 33472	I	LAKE WORTH, FL 33467
	10/08/2019	L	.19000253089
	Date of filing/registration in Florida	4.	Document number
(a)	ROBIN BEECHAM-JONES		
	Registered Agent and Registered Office shown on the records	or the Florida IX	ept. of State.
	Registered Office Address (MUST BE FLORIDA STREE) #190- 8927 HYPOLUXO ROAD SUITE A-4	T ADDRESS)	2 <b>929</b>
	LAKE WORTH 1	FL_33467	2820 HAY II AMII: S SECRETARI : CLAT ALL AHASSEE FLORI
			E55: P
(b)			<u>ess:</u>
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	<u>ed Office addre</u>	: 54 Rift Rift
(b)		ed Office addre	: 54 Rifu 
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office addre	

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.

**ROBIN BEECHAM-JONES** 

Printed or typed name of signee

Robin Beecham Jones
Signature of Registered Agent

Signature of a member or authorized representative of a member

Robin Beecham