

L20 000015244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

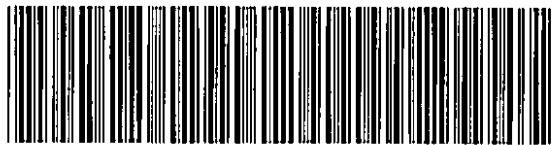
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BE FRUITFUL CREATIONS 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:

Lanase Houston

Name of Person

BE FRUITFUL CREATIONS LLC

Firm/Company

10648 MEADOW LEA DR

Address

JACKSONVILLE, FL 32218

City/State and Zip Code

BFRUITFULCREATIONS@gmail.com

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

For further information concerning this matter, please call:

Lanase Houston	at (904)	790-1286
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

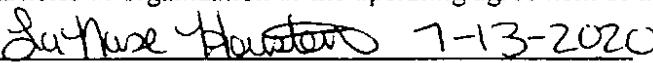
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SEARCHED INDEXED SERIALIZED FILED
FLORIDA DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

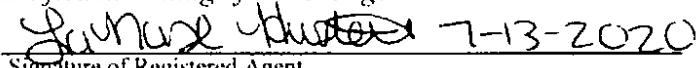
Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	BE FRUITFUL CREATIONS		
2. (a) 10648 MEADOW LEA DR	(b) 10648 MEADOW LEA DR		
Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>		Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>	
JACKSONVILLE, FL 32218		JACKSONVILLE, FL 32218	
01/08/2020		1.20000015244	
3. Date of filing/registration in Florida	4.	Document number	
5. (a) BOOKKEEPING & ACCOUNTING OF FLORIDA INC	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 9905 OLD ST. AUGUSTINE RD		
Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i>			
SUITE 501			
JACKSONVILLE, FL 32257			
(b) Lanase Houston			
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			
10648 MEADOW LEA DR			
NEW Registered Office Address:			
JACKSONVILLE, FL 32218			

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.

 7-13-2020 Lanase Houston
Signature of a member or authorized representative of a member 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 writing of this change.

 7-13-2020
Signature of Registered Agent