12000013554L

(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Sasinoso Entity traine)	
(Document Number)	
(Document Number)	
0.46.10	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
	i

Office Use Only



500366397435

05/20/21--01006--007 **25.00



COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: Bear Marketing Broup, LLC Name of Limited Lie	ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and f	Fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Molly Lee Name of Person	_
Name of Person	
Bear Marketing Broup, LLC Firm/Company	
Firm/Company	- -
4100 NF 28th Chroat #901	
440 NE 28th Street, #901 Address	_
Miami, FL 33/37 City/State and Zip Code	_
info@ bear marketing LLC. COM E-mail address: (to be used for future annual report notified	
For further information concerning this matter, please call:	
Keith Lee at (765) 437 - 6196
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
1 ,U, DUA UJ21	THE CORRECT LARRANGES

Enclosed is a check for the following amount:

№ \$25 Filing Fee

Tallahassee, FL 32314

☐ \$55 Filing Fee & Certified Copy

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

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	nme of the limited liability company:	Bear Marketing	Group, CLC			
	N/A	(b)_ <u>/</u>	. 1 1			
2. (u)	Principal office address of limited his (Note: MUST BE STREET)	ability company:	Mailing address of limited liabil	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
3.	5/19/2020 Date of filing/registration in	- Plaide	L20000135540			
			Document number			
5. (a)	Cheyenne Moseley - Registered Agent and Registered Office sho	US Lorp. Agents, Inc wn on the records of the Florida Dept	C. t. of State:			
	5575 S. Semoran B Registered Office Address MUST BE F					
	#30		17.1 18.1			
	Orlando Molly Lee - Bear Mo	FL <u>3282</u> 2	TALLAHASS	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
(b)	Molly Lee - Bear Mo Enter name of NEW Registered Agent and	Wketing Group, LL for NEW Registered Office address:				
	460 NE 28th Street	<i>t</i>	LORIDA	F : 53		
	NEW Registered Office Address: #901					
	Miami	. FL_ <i>33137</i>				
agent w was/we	mited liability company is not organi or changes are made, the Florida stre will be identical. Or, in the case of a F are authorized by an affirmative vote cles of organization or the operating a	eet address of the registered off Florida limited liability compar of the members of the limited l	fice and the business office of the my, it is hereby confirmed that the liability company or as otherwise	registered change(s)		
4	1 m =					
Signat	ure of a member or authorized representative	of a member	Printed or typed name of signed			
provision the oblication to the oblication the object to t	by accept the appointment as registere ons of all statutes relative to the prop igations of my position as registered of Iv reflect a change in the registered of I'in writing of this change.	ed agent and agree to act in thi er and complete performance o agent as provided for in Chapto office address. I hereby confirn	is capacity. I further agree to co of my duties, and I am familiar w er 605, F.S. Or, if this document n that the limited liability compar	mply with the ith and accept is being filed iy has been		

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