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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Beckon Ware LL Name of Limited Lin	ability 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 f	following:		
Michelle Graham Name of Person	<u> </u>		
Beckon Ware 1LC Firm/Company			
5600 N. Flagler Dr #19	02	SECRET	2020 JUL -8
West Palm Beach F1 339 City/State and Zip Code	107	ANY OF S	-8 AH
E-mail address: (to be used for future annual report notific	cation)		-
For further information concerning this matter, please call:			
Michelle Graham at 617 Name of Person) 447-9344 Area Code & Daytime Telephone	Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

Tallahassee, FL 32314

№ \$25 Filing Fee

Enclosed is a check for the following amount:

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. N	ome of the limited liability company: Beckon Ware LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 5600 N. Flagler Dr. #1 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	West Palm Beach, Fl 33407 West Palm Beach, Fl 3340
3.	6-12-2020 1-2000162290 Date of filing/registration in Florida 4. Document number
5. (a)	Cheyenne Moselex, Lega Zoom, Com, Inc Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address OUST BE FLORIDA STREET ADDRESS)
	5575 S. Semoran Blvd. 36
	Orlando FL 32822 = 3
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Beckon Ware LLC NEW Registered Office Address:
	NEW Registered Office Address: 5600 N. Flagler Dr # 1902
	West Palm Beach FL 33407
change agent v was/we the arti	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company. Michelle Graham Printed or typed name of signee
I here	by accept the appointment as revistered agent and agree to act in this capacity. I further garee to comply with the
provisi the obl to mer	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a chapte in the registered office address. I hereby confirm that the limited liability company has been

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

Signature of Registered Agent