## L20000171248

(Re	questor's Name)	)
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(Cit	y/State/Zip/Phon	ne #)
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Na	me)
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Certified Copies	Certificate	es of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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O SIMMONS DEC 0 3 2020

TO:	Registration Section
	Division of Corporations

## BELIEVE INFINITY AND BEYOND L.L.C

SUBJECT:						
Nar	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Off	fice Change and	d fee(s) are submitted for filing.				
Please return all correspondence concerning th	is matter to the	e following:				
Lisa Stubblefield						
Name of Person	<del></del>					
BELIEVE INFINITY AND BEYOND L.L.C						
Firm/Company		<del></del>				
9351 ORCHID COVE CIRCLE						
Address						
Vero Beach , FL 32963						
City/State and Zip Code		<del></del>				
LLISA7049@AOL.COM						
E-mail address: (to be used for future ann	nual report noti	fication)				
For further information concerning this matter	, please call:					
Lisa Stubblefield	954	294-5962				
	at (	)				
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:	,				
□ \$25 Filing Fee	7 5	\$55 Filing Fee & Certified Copy				
INHS18 (2/14)						

## DIMITED DIADIDITE COMEANY

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 Ni-		ITY AND BEYOND	L.L.C	
I. Na	me of the limited liability company:		E INFINITY AND BEYOND L.I	L.C
2. (a)		(b)	TARIE II GILLE III	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability of (Note: MAY BE POST OFFICE	, -
	9351 ORCHID COVE CIRCLE	9351 ORG	CHID COVE CIRCLE	<u>: BUA</u> )
	7331 OKCIND CO 12 CINCED	,,,,,,		
	Vero Beach Fl, 32963	Vero Beac	ch F1, 32963	
	June 19th 2020	L20000171	248	
3.	Date of filing/registration in Florida	4.	Document number	
	Lisa Stubblefield			
5. (a)			<u></u>	
	Registered Agent and Registered Office shown on the records of a BELIEVE INFINITY AND BEYOND L.L.C	the Florida Dent of Sta	te:	
JC <sub>f</sub>	Registered Office Address (MUST BE FLORIDA STREET A	4DDRF(\$)		
	C COSTITUTE CONTRACTOR IN THE	100 kissi	Δ	
	5061 Si	N 1191" /	4ve	
	Corper City , FL	3 <b>296</b> 3 3 3 3 3	30	
(b)	Lisa Stubblefield		22	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	<del>-</del>	
	Enter hance of the Wilder Page and of the Wil	Office address.	· · · · · · · · · · · · · · · · · · ·	
	BELIEVE INFINITY AND BEYOND L.L.C			) )
	NEW Registered Office Address:		_	
	9351 ORCHID COVE CIRCLE			
			_	
	VERO BEACH	32963		
	, FL	·	_	
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered office an ability company, it in if the limited liability limited liability cor	nd the business office of the re is hereby confirmed that the cl ty company or as otherwise pr npany.	gistered hange(s)
	Luce Stubblifield	1156	Stubblefield	
Signa	ure of a member or authorized representative of a member		Stubblefield Printed or typed name of signee	
I herei provisi the obl to mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the control of this change.			oly with the and accept being filed has been
Signatu	re of Registered Agent			