## L20 000183298

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	<del></del>
(Ci	ty/State/Zip/Phone	 e #)
,	,	•
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Dc	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100360867741

03/01/21--01016--008 \*\*25.00

BEN HAR - | PHI 19467

MAY 1.1 2021 R. HUNT

## **COVER LETTER**

**TO:** Registration Section

Division of Corporations	•
SUBJECT: BECK VENTURES	mited Liability Company
	mited Clability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
JOSEPH BECK	
Name of Person	<del></del>
	· ·
Firm/Company	
e iriii/Company	•
383 SEXTANT LANE	
Address	
SANTA ROSA BEACH, FL 3 City/State and Zip Code	32459
, ,	
E-mail address: (to be used for future annual repo	Com
·	
For further information concerning this matter, please of	call:
Joseph Beck at (	850 <u>) 716-9860</u>
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
	rananassee. 115 52505
Enclosed is a check for the following amount	t:
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (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.

2. (a) 383 SEXTANT LN  Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  SANTA ROSA BEACH, FL  32459  6/30/2020  Date of filing/registration in Florida  5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  7901 474 57 N STE 300  Registered Office Address  (MUST BE FLORIDA STREET ADDRESS)  Mailing address of limited liability company: (Note: MAY BE POST OF  (Note: May Be Pos	FFICE BOX)	
32459  6/30/2020  Date of filing/registration in Florida  5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  7901 474 ST N STE 300		
6/30/2020  Date of filing/registration in Florida  EGISTERED AGENTS INC.  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  7901 414 ST N STE 300	2 <b>16</b> 12	
Date of filing/registration in Florida 4. Document number  5. (a) REGISTERED AGENTS INC.  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  7901 4TH ST N STE 300	2 <b>22</b> 9	
5. (a) REGISTERED AGENTS INC.  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  7901 4TH ST N STE 300	2 <b>22</b> 9	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	780 780	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	<b>289</b>	
	/ n	
	<b>₹</b> 👸	
	R Of	
	_ g	
	型 音	
ST. PETERS BURG .FL 33702		
	07	
(b) Joseph Beck		
Enter name of NEW Registered Agent and/or NEW Registered Office address:		
383 SEXTANT LN		
NEW Registered Office Address:		
SANTA ROSA BEACH		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirm	med that after the	
change or changes are made, the Florida street address of the registered office and the business office of t	the registered	
agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that twas/were authorized by an affirmative vote of the members of the limited liability company or as otherwise.	ise provided in	
the articles of organization or the operating agreement of the limited liability company.		
JOSEPH BECK	JOSEPH BECK	
Signature of a member or authorized representative of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of signature of a member Printed or typed name of A member Printed Or type	gnee	
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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume to merely reflect a change in the registered office address, I hereby confirm that the limited liability comp	ent is being filed	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

notified in writing of this change.

Registered Agent