

L200000216238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

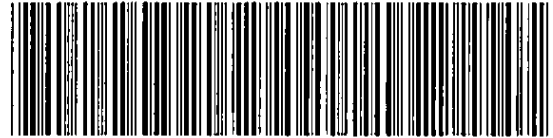
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

2023 SEP 18 AM 8:41

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PSA Betancourt 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:

Sheniqua Betancourt
Name of Person

PSA Betancourt LLC
Firm/Company

3171 NW 124th Way
Address

Sunrise, FL 33323
City/State and Zip Code

Sheniqua.Betancourt@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheniqua Betancourt at (786) 757-9141
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

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: BSA Betancourt LLC

2. (a) 3171 NW 124th Way
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

3171 NW 124th Way
Sunrise, FL 33323

(b) _____
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

3171 NW 124th Way
Sunrise, FL 33323

3. 07/22/2020
Date of filing/registration in Florida

4. L20000216238
Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Zenbusiness Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

336 E. College Avenue, Suite 301
Tallahassee, FL 32301

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Sheniqua Betancourt

NEW Registered Office Address:

3171 NW 124th Way
Sunrise, FL 33323

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2023 SEP 18 AM 8:42
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

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.

[Signature]
Signature of a member or authorized representative of a member

Sheniqua Betancourt
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.

[Signature]
Signature of Registered Agent