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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (650) 617-6383

From:

Account Name : THE LAW OFFICES OF KATE MESIC, P.A.
Account Number : I20200000007
Phone : (904) 619-2510
Fax Number : (904) 326-2061

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
BEAM BIRTH NETWORK, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

21 JAN 13 PM 4:26

FILE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEAM BIRTH NETWORK, 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:

KATE MESIC, ESQUIRE

Name of Person

LAW OFFICES OF KATE MESIC, PA

Firm/Company

6550 ST. AUGUSTINE ROAD, SUITE 305

Address

JACKSONVILLE, FL 32217

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATE MESIC, ESQUIRE

Name of Person

904 619-2510
at ()

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

21 JUL 13 PM 4:26



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2020

KATE MESIC, ESQUIRE
LAW OFFICES OF KATE MESIC, PA
6550 ST AUGUSTINE ROAD, SUITE 305
JACKSONVILLE, FL 32217

SUBJECT: BEAM BIRTH NETWORK, LLC
Ref. Number: L20000252444

We have received your document for BEAM BIRTH NETWORK, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 520A00024309

**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: BEAM BIRTH NETWORK, LLC

2. (a) 2689 ROSSELLE STREET STUDIO D
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

JACKSONVILLE, FL 32204

(b) 2652 MOORSFIELD LANE
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

JACKSONVILLE, FL 32225

1.20000252444

3. Date of filing/registration in Florida 4. Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4318 MELROSE AVE

JACKSONVILLE, FL 32205

(b) BRITTANY KAYE FADIORA
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

2652 MOORSFIELD LANE

JACKSONVILLE, FL 32225

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

BRITTANY K. FADIORA

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

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

FILING FEE: \$25.00