## 000 2747

|                         | _                 |           |  |  |  |
|-------------------------|-------------------|-----------|--|--|--|
| (Re                     | questor's Name)   | -         |  |  |  |
|                         |                   |           |  |  |  |
| (Address)               |                   |           |  |  |  |
|                         |                   |           |  |  |  |
|                         | 4                 |           |  |  |  |
| (Au                     | dress)            |           |  |  |  |
|                         |                   |           |  |  |  |
| (Cit                    | y/State/Zip/Phone | : #)      |  |  |  |
|                         |                   |           |  |  |  |
| PICK-UP                 | ☐ WAIT            | MAIL      |  |  |  |
|                         |                   |           |  |  |  |
| /D <sub>1</sub> ,       | siness Entity Nam | 20)       |  |  |  |
| (Bu                     | siness Entity Nan | ie)       |  |  |  |
|                         |                   |           |  |  |  |
| (Do                     | cument Number)    |           |  |  |  |
|                         |                   |           |  |  |  |
| Certified Copies        | Certificates      | of Status |  |  |  |
|                         | _                 |           |  |  |  |
| <del></del>             |                   |           |  |  |  |
| Special Instructions to | Filing Officer:   |           |  |  |  |
|                         |                   |           |  |  |  |
|                         |                   |           |  |  |  |
|                         |                   |           |  |  |  |
|                         |                   |           |  |  |  |
|                         |                   |           |  |  |  |
|                         |                   |           |  |  |  |
|                         |                   |           |  |  |  |
|                         |                   |           |  |  |  |

Office Use Only



300393793803

Baylon, Park Johnson Die America

## COVER LETTER

| TO: Registration Section Division of Corporations  |                     | ·  | \$-<br>\$-   |  |
|--|---------------------|--|--------------|--|
| SUBJECT: BEYOND BEAUTY & SPA   | LLC                 |  |              |  |
| N  | ame of Limited L    | iability Company   |              |  |
| Dear Sir or Madam:   |                     |  |              |  |
| The enclosed Registered Agent/Registered C   | office Change and   | fee(s) are submitted for filing.   |              |  |
| Please return all correspondence concerning  | this matter to the  | following:   |              |  |
| Melissa Jones  |                     |  |              |  |
| Name of Person   |                     |  |              |  |
| ZenBusiness Inc.   |                     |  |              |  |
| Firm/Company   |                     | <u> </u>   |              |  |
| 2007 0 11 20 20 20 20 20 20 20 20 20 20 20 20 20   |                     |  | 2022 SEP     |  |
| 336 E. College Ave. Suite 301  |                     |  | SEP          |  |
| Address  |                     |  | 16           |  |
| Tallahassee, FL 32301  |                     |  | 4            |  |
| City/State and Zip Code  |                     | <del></del>  | 8:<br>34     |  |
| ra@zenbusiness.com   |                     |  | · :          |  |
| E-mail address: (to be used for future a   | innual report notil | ication)   |              |  |
| For further information concerning this matt   | er, please call:    |  |              |  |
| Melissa Jones  | 844<br>at (         | 493-6249   |              |  |
| Name of Person   |                     | Area Code & Daytime Telep  | phone 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 |              |  |

\$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

♥ \$25 Filing Fee

## 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                    | ame of the limited liability company: BEYOND  | BEA                                | WTY&  | SPA LLC   |                            |                      |
|-------------------------|---|------------------------------------|---|---|----------------------------|----------------------|
| 2. (a)                  | 2111 AETH STREET  | a                                  | 4801  | Alora Isles   | Deive                      |                      |
| Z. (U)                  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | _ ``                               | <u> </u>  | Mailing address of limit<br>(Note: MAYBE PO.                    | ed liability o             |                      |
|                         | SUITE 17  |                                    | Apt 33  |   | 37 071761                  | . <u>204</u>         |
|                         | WEST PALM BEACH, FL 33407   | <del>-</del>                       | <del>-</del>                                      | PALM BEAG   | CH EL                      | 33417                |
|                         | VVEST I ALIVI BEAGIT, I'E 30407   |                                    | <del>**LO1</del>                                  | T / LIVI DE/ (  |                            |                      |
|                         | 09/03/2020  |                                    | L20000  | 0274793   |                            |                      |
| 3.                      | Date of filing/registration in Florida  | 4.                                 |   | Document number   |                            |                      |
| 5. (a                   | ALEXIS, DEBORAH S   |                                    |   | _   |                            |                      |
| •                       | Registered Agent and Registered Office shown on the records of the  | be Florida                         | Dept. of State                                    | <b>:</b>  |                            |                      |
|                         | 1404 SUMMIT PINES BLVD  |                                    |   | -   |                            |                      |
|                         | Registered Office Address (MUST BE FLORIDA STREET A<br>APT 732  | DDRES!                             | <u>27</u>   |   |                            |                      |
|                         |   |                                    |   | -   |                            |                      |
|                         | WEST PALM BEACH, FL_  | 334                                | 15  | -   |                            |                      |
|                         | ZenBusiness Inc.  |                                    |   |   | 2022 SEP                   |                      |
| <b>(</b> b)             | Enter name of NEW Registered Agent and/or NEW Registered  | Office ad                          | ldress:   | •   | SEP                        | 3                    |
|                         | 224 7 6 11 4 6 1 201  |                                    |   |   | . 9-                       | !!=                  |
|                         | 336 E. College Ave. Suite 301   |                                    |   | -   | A                          | , v <del>(</del>     |
|                         | NEW Registered Office Address:  |                                    |   |   | . œ                        |                      |
|                         |   |                                    |   | -   | 34                         |                      |
|                         | Tallahassee , FL  | 32301                              |   | -   |                            |                      |
| chang<br>agent<br>was/v | limited liability company is not organized under the law<br>se or changes are made, the Florida street address of the<br>will be identical. Or, in the case of a Florida limited lial<br>were authorized by an affirmative vote of the members of<br>ticles of organization or the operating agreement of the l | registen<br>bility co<br>f the lin | ed office and<br>impany, it is<br>nited liability | d the business offic<br>hereby confirmed<br>y company or as off | e of the re<br>that the cl | gistered<br>nange(s) |
| /s/                     | Deborah Alexis  | De                                 | borah A   |   |                            |                      |
|                         | ature of a member or authorized representative of a member  |                                    |   | Printed or typed name   |                            | 1                    |
| the or<br>to me         | eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change  | perjorm<br>I for in (              | ance oj my a<br>Chapter 605.                      | iunes, ana 1 am jan<br>. F.S. Or. if this do                    | nutar with<br>cument is    | being filed          |

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