

L20 000 380 234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

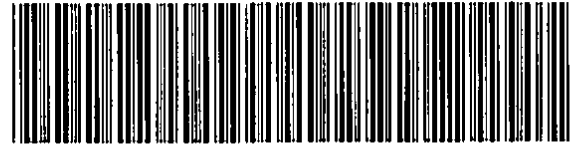
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HONEY BEE STONEWORKS

\_\_\_\_\_  
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:

PAUL VENTH

\_\_\_\_\_  
Name of Person

HONEY BEE STONEWORKS

\_\_\_\_\_  
Firm/Company

1084 BRIELLE CT.

\_\_\_\_\_  
Address

OVIEDO, FLORIDA 32765

\_\_\_\_\_  
City/State and Zip Code

Honey974bee@gmail.com

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

For further information concerning this matter, please call:

PAUL VENTH

321 318 1298  
at ( )

\_\_\_\_\_  
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: HONEY BEE STONEWORKS
2. (a) 1084 BRIELLE CT. OVIEDO, FLORIDA 32765  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
1084 BRIELLE CT.  
OVIEDO, FLORIDA 32765
- (b) \_\_\_\_\_  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)
3. 12/21/2020 Date of filing/registration in Florida 4. L20000380234 Document number
5. (a) MELISSA A. LOPARO  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
MELISSA A. LOPARO  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)  
1393 BEVERLY LN  
CASSELBERRY, FL 32707
- (b) PAUL A. VENTH  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
PAUL A. VENTH  
NEW Registered Office Address:  
1084 BRIELLE CT.  
OVIEDO, FL 32765

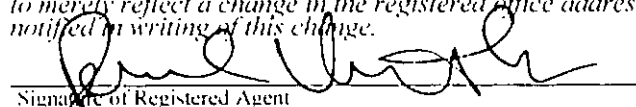
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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 of a member or authorized representative of a member

MELISSA LOPARO

Printed or typed name of signer

*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 of Registered Agent