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(Re	questor's Name)			
(Ád	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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	93.1	FOLL		



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COVER LETTER

TO: Registration Section Division of Corporations					
Behavior Shapes, LLC SUBJECT:					
SUBJECT:Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.				
Please return all correspondence concerning (this matter to the following:				
Kelly Kearney					
Name of Person					
Behavior Shapes, LLC					
Firm/Company					
1415 N Palmway					
Address					
Lake Worth Beach, FL 33460					
City/State and Zip Code					
kelly@bchaviorshapes.com					
E-mail address: (to be used for future a	nnual report notification)				
For further information concerning this matter	er, please call:				
Kelly Kearney	954 2181863 at ()				
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				
Enclosed is a check for the following	ng amount:				
■ \$25 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.

L N	lame of the limited liability company: Behavior Shapes,	LLC	
2. (a)	1 11 5 N Dalmaray Taka Wzerk Dagob 421 22 160		² almway, Lake Worth Beach, FL 33460
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	05/03/2021	L.21(KX)202	2725
 (a) 	Date of filing/registration in Florida Kelly Kearney	4.	Document number
2. (4)	Registered Agent and Registered Office shown on the records of t		te:
	824-A Lake Avenue, #366, Lake Worth Beach, FL 33460		-
	Registered Office Address	(DDRESS)	FIL. SECRETARY ALLAHASS
	FL		- mg = m
(b)	Kelly Kearney		E STA
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	- 2 2 2
	1415 N Palmway, Lake Worth Beach, FL 33460	-	
	NEW Registered Office Address	•	_
	. FL		_
change agent v was/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabore.	registered office an bility company, it is Ethe limited liabilit	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
Kignai	fire of a member or authorized representative of a member		Printed or typed name of signee
provision the obli to merc	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I he is in writing of this change.	e to act in this cape verformance of my of for in Chapter 605 verby confirm that i	gotto. I firethar general to gample with de-
Signatur	Colficent Agent		