From: Lexus Wingo

Division of Corporations

## 12/27/21, 4:04 PM

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

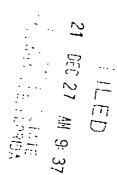
Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

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## LLC REGISTERED AGENT CHANGE **BECORENA LLC**

Certificate of Status	0
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## 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.

I. No	ame of the limited liability company: BECORENA LL	C			
2. <b>(a)</b>	406 LAKESIDE DR APT 217	ť	406 LAK	ESIDE DR AP	T 217
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	,	Agiting address of limited liability company: (Note: MAY RE POST OFFICE ROX)	
	MARGATE, FL 33063		MARGAT	TE, FL 33063	
	95/03/2021	<del>aberila</del>	L21000203	920	
3.	Date of filing/registration in Florida	4.		Document n	umber
	SILA BECORENA				
5. (s)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 406 LAKESIDE DR APT 217			<del>-</del>	
		7 706 7		_	21
	MARGATE	33063		<del></del>	
	C T Corporation System			<b></b> -	C 27
	Emer name of NEW Registered Agent and at NEW Registered	l Office a	ddres		ED 9:3
	NEW Registered Office Address:			-	
	1200 South Pine Island Road			-	-
	Plantation	L 33324			
the ch agein	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited i ere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	if the reginability of the li- e limited	pistered officentially, it mitted liability co	is hereby con- is hereby con- ity company o	firmed that the change(s) as otherwise provided in
Sign	name of a mathber or authorized representative of a member	****		Prinzical on type	ed name of signee
I here provis the ob to met notifie	ely accept the appointment as registered agent and ag tions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I d in writing of this change.	pree to de e performed for in hereby Christine Ke intent Seco	confirm tha m	pacity. I furth duties, and I 15, F.S. Or, if i the limited li	ner agree to comply with the am familiar with and accep- this document is being files ability company has been
By: Signat	ure of Registered Agent				