

121 000245797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beautiful Butterfly 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:

Kimberly Watson
Name of Person

Beautiful Butterfly
Firm/Company

19 Evanston Ln
Address

Palm Coast FL 32104
City/State and Zip Code

201
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Watson at (201) 755-7220
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

Copy of check enclosed



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2022 SEP -6 AM 11:33

ON
RECEIVED
2022

August 9, 2022

KIMBERLY WATSON
1 SEA BEACON PL
PALM COAST, FL 32163-4

SUBJECT: BEAUTIFUL BUTTERFLY LLC
Ref. Number: L21000245797

We have received your document for BEAUTIFUL BUTTERFLY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 722A00017710

**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: Beautiful Butterfly LLC

2. (a) 1 Sea Beacon Place

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Palm Coast FL 32164

(b) 1 Sea Beacon Place

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Palm Coast FL 32164

3. 05/26/2021
Date of filing/registration in Florida

4. L21000245797
Document number

5. (a) United States Corporation Agents Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5575 S. Semoran Blvd 36
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Orlando, FL 32822

(b) Kimberly Watson
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1 Sea Beacon Pl
NEW Registered Office Address:

Palm Coast, FL 32164

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.

Kimberly Watson
Signature of a member or authorized representative of a member

Kimberly Watson
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.

Kimberly Watson
Signature of Registered Agent

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STATE OF FLORIDA
TALLAHASSEE, FL