## L21000394H7

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Rhonda Harve Name of Limited Li	ey, Rea Hor LLC ability 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 f	following:				
Rhonla Harvey Name of Person					
Firm/Company					
117 Harvey Young Farm	_				
Craw fords; le F1. 32327 City/State and Zip Code					
Pharuey@ωip. Sale E-mail address: (to be used for future annual report notifie	cation)				
For further information concerning this matter, please call:					
Rhonda Harvey at (850) Name of Person	) 509-3920 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  \$5	5 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.	Na	ame of the limited liability company: Rhonda Harvey,	Bealton-LLC
		117 Harvey young Farm Rd. (b)	
		Principal office didress of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		Crawfordville, Fl. 32327	
		<u> </u>	
		9/7/21	1000396147
3.			Document number
5.	(a)	United States Corporation Agent, Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State	::
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
		5575 S. Semoran Blod 36	
		Orlando FL 32822	
(	h)	Rhonda K. Harvey	2021 GCT
	,	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
			- <del>-</del> 8
		NEW Registered Office Address:	
		117 Harvey- Young Farm Rd.	AH II: 40
		Crawfordville .FL 32327	
cha age was the	nge nt v /we arti	imited liability company is not organized under the laws of the State of Flo or changes are made, the Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it is the cauthorized by an affirmative vote of the members of the limited liability cles of organization or the operating agreement of the limited liability company.	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
pro the to n noti	visio obli iere fiec	by accept the appointment as registered agent and agree to act in this capa ons of all statutes relative to the proper and complete performance of my a igations of my position as registered agent as provided for in Chapter 605, It reflect a change in the registered office address, I hereby confirm that the first of this change.  I in writing of this change.	city. I further agree to comply with the