

L21000456390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

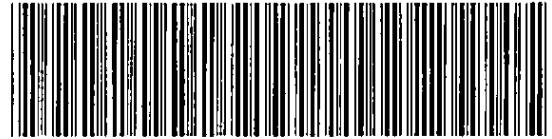
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A. BUTLER

JAN 31 2023

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 311590 8362058

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : January 6, 2023

ORDER TIME : 9:07 AM

ORDER NO. : 311590-001

CUSTOMER NO: 8362058

CHANGE OF AGENT

NAME: FAMILY BEST ALTERNATIVE LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FAMILY BEST ALTERNATIVE 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:

Esdras Bien Aime

Name of Person

Family Best Alternative LLC

Firm/Company

681 Triana St

Address

West palm Beach , Florida 33413

City/State and Zip Code

bienaime1126@yahoo.com

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

For further information concerning this matter, please call:

Esdras Bien Aime

954 588-2209
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: FAMILY BEST ALTERNATIVE LLC
2. (a) 681 Triana St
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
West Palm, FL 33413
- (b) 681 Triana St
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
West Palm, FL 33413
3. 11/10/2021
Date of filing/registration in Florida
4. L21000486390
Document number
5. (a) Corporation Service Company
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1201 Hays Street
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tallahassee, FL 32301
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Serge R. Dazile
NEW Registered Office Address:
4483 N State Rd 7
Lauderdale Lakes, FL 33319

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

Esdras Bien Aime, Member

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.

Eyeline Bahar
Assistant Vice President

Signature of Registered Agent