

L21 000508322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

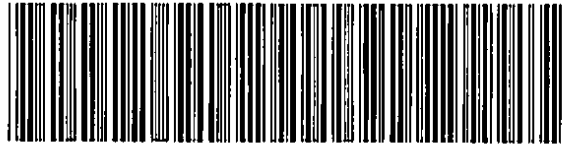
(Business Entity Name)

(Document Number)

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2021 DEC 27 AM 10:59

2021 DEC 27 PM 4:15

RECEIVED

TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 347530 7986366

AUTHORIZATION :

COST LIMIT : \$55.00



ORDER DATE : December 22, 2021

ORDER TIME : 1:34 PM

ORDER NO. : 347530-005

CUSTOMER NO: 7986366

CHANGE OF AGENT

NAME: B EATERY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ CERTIFIED COPY
_____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B EATERY, 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:

BRAD COHEN

Name of Person

B EATERY, LLC

Firm/Company

1002 E NEWPORT CENTER DRIVE, SUITE 200

Address

DEERFIELD BEACH, FL 33442

City/State and Zip Code

KLEVERETTE@INSURANCECAREDIRECT.COM

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

For further information concerning this matter, please call:

KIM LEVERETTE at (919) 618-7011
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: B EATERY, LLC
2. (a) 1002 E. NEWPORT CENTER DRIVE
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
SUITE 200
DEERFIELD BEACH, FL 33442
- (b) 1002 E. NEWPORT CENTER DRIVE
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
SUITE 200
DEERFIELD BEACH, FL 33442
3. 11/30/2021
Date of filing/registration in Florida
4. L21000508322
Document number
5. (a) COHEN, BRADLEY
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1002 EAST NEWPORT CENTER DRIVE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 200
DEERFIELD BEACH, FL 33442
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

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.

706A1DE7304143B...

Signature of a member or authorized representative of a member

BRAD COHEN

Printed or typed name of signee

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.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00