122000460233

(Requestor's Name)					
(Address)					
,					
(Address)	-				
(Addless)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(2.10.1000 2.111), 1.1111,					
(Document Number)					
Certified Copies Certificates of Status					
0					
Special Instructions to Filing Officer:					
1 1 10 110					
[[N.11]					

Office Use Only



100418353891

11/08/23--01014--022 **25.00

2023 1:04 -6 1:11 9: 06

COVER LETTER

Division of Corporations	
SUBJECT: Bentleys Jewelry Services	
	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Hugo Villalta	
Name of Person	
Bentleys Jewelry Services	
Firm/Company	
2905 East Commercial Blvd	
Address	
Fort Lauderdale	
City/State and Zip Code	
Florida	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter, p	please call:
Hugo Villata	_ at (⁹⁵⁴) ⁵⁶¹⁻¹⁷⁶⁹
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
₩ \$25 Filing Fee	S55 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

l. N	lame of the limited liability company: Bentleys Jewelry 5	Services	; 				
2. (a)		_ (
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	10/26/22		L220004602	33			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a	/ - 	<u>ac</u>		_			
	Registered Agent and Registered Office shown on the records of	the Florie	da Dept, of State	e:			
	476 Riverside Ave			-1	202		
	Registered Office Address (MUST BE FLORIDA STREET)	4DD <u>RES</u>	<u>55)</u>	7.•	2023 1:07	<u> </u>	
	Jacksonylle FL	3	2313 	-	9-11		
	JACT WHITE FL	.ــــک	0000	_	, <u></u>	j i g	
(b)	Registered Agents Inc				<u>ب</u>		
(0	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	-			
	7901 4th St N						
	NEW Registered Office Address:			-			
	STE 300			_			
	St. Petersburg, FL	33702		-			
the chagent was/v	himited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regability of the li- limited	gistered office company, it is mited liability Uliability con	e and the business offi s hereby confirmed the y company or as other	ce of the at the cha	registered nge(s)	
<u></u>	ature of a member or authorized representative of a member	Hu	go Villalta	Printed or typed name of	sianaa		
~	· ·					iele ele e	
provi: the of to me natifi	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete oligations of my position as registered agent as provided rely reflect a change in the registered office address, I i by in writing of this change.	ree to a perfori d for in hereby	ct in this cape nance of my o Chapter 605 confirm that	acity. I jurther agree duties, and I am famil 5, F.S. Or, if this docu the limited liability co	to comply iar with a iment is b ompany he	v with the ind accept eing filed as been	
avid ()	David Roberts - Assistant Se	ecretary					

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent