L22000525661

(Re	questor's Name)				
(Ád	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer				
	-				
umils					

Office Use Only



800439037668

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

	ACCOUNT NO.	:	12000000195
	REFERENCE	:	840068 7681421
	AUTHORIZATION	:	\$ 25.00
	COST LIMIT	:	\$ 25.00
ORDER DATE :	December 16, 202	4	
ORDER TIME :	12:03 PM		
ORDER NO. :	840068-026		
CUSTOMER NO:	7681421		
	CHANGE OF A	GEN'	<u>T</u>
NAME:	BEYOND MANAGE	MEN	T GROUP, LLC
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FILING:
	FIED COPY		
XX PLAIN	STAMPED COPY		

EXAMINER: ____

CONTACT PERSON: Amanda Miller -- EXT#

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.

Name of the limited liability compa	ny: BEYOND MAN	AGEMEI	NT GROUP	P, LLC	
a)			b)		
Principal office address of limit (Note: MUST BE STRE		· `	,	Mailing address of limit (Note: MAY BE PO	
1615 Woodward Street			P.O. BO	X 7	
Orlando, FL 32803			Winter P	ark, FL 32790	
12/15/2022			L2200052	:5661	
Date of filing/registration	on in Florida	- 4.		Document number	
a)					
Registered Agent and Registered Office	shown on the records of	f the Florid	la Dept. of Sta	-	
ASSURED COMPLIANCE SER				····	2024 DEC
Registered Office Address (MUST)	BE FLORIDA STREET	ADDRES	<u>(S)</u>	_	E. E.
1615 WOODWARD STREET					
ORLANDO		32803			
	, FI	L			
					$\mathcal{L}_{\mathcal{L}}$ $\boldsymbol{\varphi}$
Enter name of <u>NEW Registered Agent</u>	and/or NEW Registered	d Office a	ddress:		8: 54
					<i>.</i>
Corporation Service Company			 ,	<u> </u>	
NEW Registered Office Address:					
1201 Hays Street				_	
Tallahassee	. F1	32301			
	, F1	L	·	_	
e limited liability company is not or	ganized under the la	ws of the	State of Fl	lorida, it is hereby co	onfirmed that after th
ge or changes are made, the Florida it will be identical. Or, in the case of	i street address of the	e register iability co	ed office ar	nd the business offic is hereby confirmed	e of the registered that the change(s)
were authorized by an affirmative v	ote of the members	of the lin	nited liabili	ty company or as otl	
rticles of organization or the operat	ing agreement of the		•	• •	
/ Philip K. Calandrino		Philip K. Calandrino, Authorized Person			
mature of a member or authorized represent				Printed or typed name	C
reby accept the appointment as regi isions of all statutes relative to the p pbligations of my position as registe erely reflect a change in the register fied in writing of this change.	istered agent and ago proper and complete red agent as provide red office address, I	ree to ac performed for in hereby c	t in this cap sance of my Chapter 60, onfirm that	pacity. I further agre duties, and I am fan 5, F.S. Or, if this do the limited liability	ee to comply with the niliar with and accept cument is being filed company has been
Ance Cokubi.	G	RACE E	. KIRBY, A	ASST. VICE PRESI	DENT
ature of Registered Agent					