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COVER LETTER

TO:	Registration Section Division of Corporations		•
	Beacon House Home Care LLC		
SUBJ	IECT:		
	Nan	ne of Limited L	iability Company
Dear	Sir or Madam:		
The e	nclosed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.
Please	e return all correspondence concerning thi	is matter to the	following:
Kesha	Williams		
	Name of Person		
Beaco	n House Home Care LLC		
	Firm/Company		
1820 (Candlenut Circle		
	Address		
Apopl	ca, Florida 32712		
	City/State and Zip Code		
beaco	nhousehomecare@gmail.com		
	E-mail address: (to be used for future ann	ual report notif	ication)
For ft	arther information concerning this matter,	please call:	
Kesha	Williams	773	301 4032
		at ()
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314		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.

	Beacon House Ho						
1. Ni 2. (a)	1820 Candlenut Circle			flenut Circle		· · · · ·	
~. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Apopka, Florida 32712		i	Mailing address of lin (Note: MAY BE Polorida 32712	nited liabi	lity comp	
7	January 13, 2023		1.230000297	717 Document number			
 (a) 	Date of filing/registration in Florida Michael A Williams Sr	4.		Document number	er		
5. (a)	Registered Agent and Registered Office shown on the records of 1820 Candlenut Circle	the Florid	a Dept. of Stat	ee:			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES.	<u>S)</u>	_	ALL AHANCEL	2023 AUG	~
		32712		_	77)G 28	r
(b)	Aniyah Gordon					至	1
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	idress:	_		11 :9	
	1820 Candlenut Circle			_		•	
	NEW Registered Office Address:	-					
	* - It It	32712		-			
change agent was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registerability confithe lin	ed office an ompany, it is nited liability	d the business offi s hereby confirme y company or as c	ice of th d that th	e regist ie chang	ered ge(s)
_	ture of a member or authorized representative of a member			Printed or typed nam	_		
provis the oh to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided elv reflect a change in the registered office address. I have in writing of this change.	ee to act perform d for in t hereby c	t in this cape ance of my e Chapter 605 onfirm that	acity. I further ag duties, and I am fo 5, F.S. Or, if this o the limited liabilit	ree to co imiliar v locumen y compa	omply v with and it is bei iny has	vith the d accept ng filed been
V-V-	med Bordon ire of Registered Agent						

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