

L23000029717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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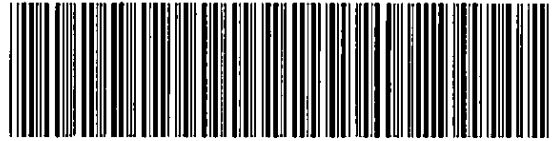
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT  
JULIA A. HARRIS

8

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

INHS18 (2/14)

**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 Home Care LLC

1. Name of the limited liability company: Beacon House Home Care LLC  
1820 Candlenut Circle 1820 Candlenut Circle
2. (a) Principal office address of limited liability company: (b) Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
Apopka, Florida 32712 Apopka, Florida 32712
- January 13, 2023 1.23000029717

3. Date of filing/registration in Florida 4. Document number

Michael A Williams Sr

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1820 Candlenut Circle

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Apopka 32712  
, FL.

Aniyah Gordon

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

1820 Candlenut Circle

NEW Registered Office Address:

Apopka 32712  
, FL.

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.

Kesha Williams

Signature of a member or authorized representative of a member

Kesha Williams

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.*

Aniyah Gordon

Signature of Registered Agent