## L23000323868

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer.						

Office Use Only



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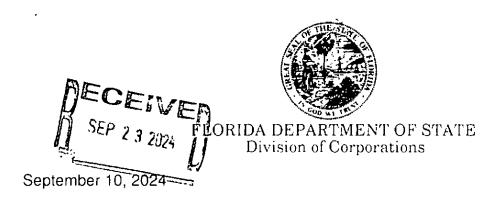
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2024 SEP 23 PM 1: 15

## **COVER LETTER**

INHS18 (2/14)

TO: Registration Section Division of Corporations						
SUBJECT: Products By Lean Name of Line	es Bees 44C nited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	to the following:					
Rathleen Baswell Name of Person  Product by Long Base	· 1/C					
Products by Lees Bees Firm/Company	<u> </u>					
1430 Votaw Road						
Apopka FI 32703 City/State and Zip Code						
Katie Baswell D GMAIL. C E-mail address: (to be used for future annual repor	ct notification)					
For further information concerning this matter, please ca	all:					
Kathleen Bas Well at (	56 ( ) 859-2272  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					



KATHLEEN BASWELL 1430 VOTAW ROAD APOPKA, FL 32703

SUBJECT: PRODUCTS BY LEE'S BEES, LLC

Ref. Number: L23000323868

We have received your document for PRODUCTS BY LEE'S BEES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 424A00020240

Neysa Culligan Regulatory Specialist III

## 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.

I. Na	me of the limited liability company:	Products	By	Lees	Bees	ZZC
2. (a)	Baswell		(b)			
±. (a) .	Principal office address of limited that  (Note: MUST BE STREET ALL  14.30 VOTAW RC)		(0)	(Note:		ed liability company:  ST OFFICE BOX)  R
	Apopka F1 32	703	A	popka	_ F1	38703
	9/19/29			23000.	3238 l	48
3.	Date of filing/registration in	Florida	4.	Docum	ent number	
5. (a)	Inc Authority	RA				
	Registered Agent and Registered Office show	n on the records of the	Florida Dept.	of State:		
	Registered Office Address QUST BE FI			<u>-N</u>		
						200
	OR Anda	, FL	3280	<u> </u>		TSET SET
(b) .	Kathleen Bas	Well				P 23
	Enter name of <u>NEW Registered Agent</u> and/o	r <u>NEW Registered Of</u>	tice address:			MA SEP 23 PM 1: 15
	NEW Registered Office Address:					ALL S
	APOPKa	, FL	3270	23		
	mited liability company is not organiz					
change	or changes are made, the Florida streetill be identical. Or, in the case of a F	et address of the re-	gistered offi	ice and the bu	isiness office	of the registered
was/we	re authorized by an affirmative vote of cles of premization or the operating a	f the members of t	he limited li	iability compa	any or as oth	erwise provided in
the artic	cles of grantzation or the operating a	greement of the lin		y company. Hleen	R	n. /]
8ignati	ure of a member or authorized representative	of a member			or typed name	Jel ( of signee
I hereh provision the obli to mere notified	by accept the appointment as registered in sof all statutes relative to the proper gations of my position as registered a ly reflect a change in the registered of in writing of this change.	d agent and agree or and complete per gent as provided fo ffice address, I her	to act in thi rformance o or in Chapte eby confirm	s capacity. 1	 further agre	e to comply with the
Signatur	e di Kegistered Agent					