L24000038385

(Requestor's Name)										
(Address)										
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COVER LETTER . .

	egistration Section ivision of Corporations								
SUBJECT	WE LOVE B.E.M., LLC								
	Name of Limited Liability Company								
Dear Sir o	r Madam:								
The enclos	sed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.						
Please rett	arn all correspondence concerning	this matter to the	following:						
Erik Diene	т								
	Name of Person								
The Diener	r Firm. P.A.		•						
	Firm/Company								
5599 S. Ur	niversity Dr. #305								
	Address								
Davie, FL	33328								
	City/State and Zip Code)							
erik@diene	ertirm.com								
E-ma	ail address: (to be used for future a	nnual report notif	ication)						
For further	r information concerning this matte	er, please call:							
Erik Diene	т	954 at (560-0629						
	Name of Person	(Area Code & Daytime Telephone Number						
Re D P.	lailing Address: egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Ei	nclosed is a check for the following	ng amount:							
প্ৰ	\$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.

. Na	me of the limited liability company: WE L	WE LOVE B.E.M., LLC							
. (a)	5599 S. University Dr. #305, Davie, FL 33328			55	599 S. Ur	niversity Dr.	#305, Da	vie. FL 33328	
. (,	Principal office address of limited liability of (Note: MUST BE STREET ADDRESS)		_ (`		,\	-		d liability comp T OFFICE BO.	-
	1/19/24		-	1,2-	40000383				
	Date of filing/registration in Flori- The Diener Firm, P.A.	aa	4.			Document	numoer		
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 5599 S. University Dr. #304, Davie, FL 33328 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						161.CC-21		
		, FL				٠	G		
(b)	The Diener Firm, P.A. Enter name of NEW Registered Agent and/or NEW Registered Office address:								
	5599 S. Umversity Dr. #305, Davie, FL 33328				•	K:- 1.00	: D D		
	NEW Registered Office Address:			•					
	5599 S. University Dr. #305			_					
	Davie	, FL	33328						
hange gent we as/we he artic Signat	mited liability company is not organized up or changes are made, the Florida street addril be identical. Or, in the case of a Florida re authorized by an affirmative vote of the cles of organization or the operating agreer up of a member or authorized representative of a member of authorized to the proper and inations of members of accept the appointment as registered agents.	dress of the real limited liab members of the liab	egister bility co the lin mited	ed of ompa nited liabil <u>خ</u>	ffice and any, it is liability com	the busing hereby conference of company pany. Printed or ty city. I furt	ess office of firmed the or as other of the or as other of the other other of the o	of the register that the changerwise provide of signee	ered e(s) led in
oujiea	ons of all statutes relative to the proper and igations of my position as registered agent by reflect a change in the registered office fin writing of this change. The office stated Agent for the registered Agent for the confection of the confec	as provided address, I he Joseph	fốr in C reby co	Chap onfir O	otér 605, m that ti - -ジーン	F.S. Or, i he limited i For	f thiš doc liability c n f	ument is beir ompany has : A	ig file been

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

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