## 

| (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: |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
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## COVER LETTER

| Division of Corporations   |                                    |  |  |  |  |
|--|------------------------------------|--|--|--|--|
| Golden Bee Fleurs, LLC SUBJECT:  |                                    |  |  |  |  |
| Name   | e of Limited I                     | Liability Company  |  |  |  |
| Dear Sir or Madam:   |                                    |  |  |  |  |
| The enclosed Registered Agent/Registered Offic   | e Change and                       | d fee(s) are submitted for filing.   |  |  |  |
| Please return all correspondence concerning this   | matter to the                      | : following:   |  |  |  |
| A. Kurt Ardaman  |                                    |  |  |  |  |
| Name of Person   |                                    | <del></del>  |  |  |  |
| Fishback Dominick LLP  |                                    |  |  |  |  |
| Firm/Company   |                                    | <del></del>  |  |  |  |
| 1947 Lee Road  |                                    |  |  |  |  |
| Address  |                                    | <del></del>  |  |  |  |
| Winter Park, FL 32789  |                                    |  |  |  |  |
| City/State and Zip Code  |                                    |  |  |  |  |
| michellel@tishbacklaw.com  |                                    |  |  |  |  |
| E-mail address: (to be used for future annu  | ial report noti                    | fication)  |  |  |  |
| For further information concerning this matter, p  | olease call:                       |  |  |  |  |
| Michelle Lindsay   | 407                                | 262-8400   |  |  |  |
| Name of Person   |                                    | 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 |  |  |  |  |

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.

| 1. N   | lame of the limited liability company: Golden Bee Fleu   | rs, LLC                                       |                            |   |  |   |   |                              |                                     |  |
|--|--|---|----------------------------|---|--|---|---|------------------------------|-------------------------------------|--|
| 2. (a)   |  |   | (b)                        |   |  |   |   |                              |                                     |  |
| (-)  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   |   |                            |   |  | address of lim                                |   |                              |                                     |  |
|  | 1826 North Orange Avenue   |   |                            | 1826 N                                    | orth Oran  | h Orange Avenue                               |   |                              |                                     |  |
|  | Orlando, FL 32804  |   | _                          | Orlando, FL 32804                         |  |   |   |                              |                                     |  |
|  | 03/13/2024   |   | L                          | 240001                                    | 27184  |   |   |                              |                                     |  |
| 3.   | Date of filing/registration in Florida   | 4.  |                            |   | Docu   | ment numbe                                    | r   | _                            |                                     |  |
| 5. (a  | )  |   |                            |   |  |   |   |                              |                                     |  |
| J. (a  | Registered Agent and Registered Office shown on the records of Jess D. Bailes  | f the Florid                                  | da D                       | Pept. of S                                | itate:   |   |   |                              |                                     |  |
|  | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |   |                            |   |  |   | <u>&gt;</u>   | 2024 MAY                     | -1;                                 |  |
|  | 1826 North Orange Avenue   |   |                            |   |  |   |   |                              |                                     |  |
|  | Orlando , F  | 32804   |                            | ,   |  |   | TÄLLÄHÄSSEE   | Y 21                         | -                                   |  |
|  |  |   |                            | •   |  |   | 10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>1 | AM                           | [1]                                 |  |
| (b)  | ·  |   |                            |   |  |   | FĽ  | œ.                           |                                     |  |
|  | Enter name of NEW Registered Agent and/or NEW Registered   | d Office a                                    | ddr                        | <u>'ess</u> :                             |  |   | ZĽORIDA   | : 52                         |                                     |  |
|  | Elizabeth Bailes   |   |                            |   |  |   | )A  | Ν                            |                                     |  |
|  | NEW Registered Office Address:   |   |                            |   |  |   |   |                              |                                     |  |
|  | 1826 North Orange Avenue   |   |                            |   |  |   |   |                              |                                     |  |
|  | Orlando , Fl   | L   |                            |   |  |   |   |                              |                                     |  |
| chang<br>agent<br>was/w<br>the ar                | limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the  | ws of the registeriability of the linerial    | red<br>om<br>mite<br>lia   | office<br>pany, i<br>ed liabi             | and the to the state of the sta | ousiness offi<br>by confirmed<br>pany or as o | ce of the distant the therwise  | registe<br>change<br>provide | red<br>:(s)                         |  |
| I here<br>provis<br>the ob-<br>to men<br>notifie | ature of a member or authorized representative of a member selvy accept the appointment as registered agent and ages sions of all statutes relative to the proper and complete sligations of my position as registered agent as provide rely reflect a change in the registered office address, I add in writing of this change. | ree to ac<br>perform<br>ed for in<br>hereby c | ct in<br>nan<br>Ch<br>con, | this co<br>ce of m<br>apter 6<br>firm the | anacitu  | I further no                                  | ree to co   | mnlv w                       | ith the<br>accept<br>g filed<br>een |  |
|  | Division of Corporations P.O.  | Box 632                                       | 27•                        | Tallal                                    | nassee. F  | L 32314                                       |   |                              |                                     |  |

FILING FEE: \$25.00