| (Requestor's Name) | | |
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| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Dusiness Entity Name) | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| (Cocamon variation) | | |
| Certified Copies Certificates of Status | | |
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| Special Instructions to Filing Officer: | | |
| L. SELLERS | | |
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| EXAMINER | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | • |
|--|---|
| SUBJECT: Beanstalk Networks LLC | f Limited Liability Company) |
| (Name o | TERRITED Elability Company) |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered O | ffice Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning t | |
| Michael Brenner (Name of Person) | · |
| Beanstalk Networks LLC (Firm/Company) | |
| 314 Clematis Street, Suite 200 (Address) | |
| West Palm Beach, FL 33401 (City/State and Zip Code) | |
| For further information concerning this matte | er, please call: |
| Michael Brenner (Name of Person) | at (561) 655-6418 x 252 (Area Code & Daytime Telephone Number) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following | g amount: |
| | ☐ \$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 608.416 or 608.508, 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.

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| ce of mv.duties. and | |
| tfin | I further agree to complete for in-Chapter to address. Thereby |

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