Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000115824 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future 

Email Address:\_\_\_\_\_

## LLC REGISTERED AGENT CHANGE BETA ENGINEERING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

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## **COVER LETTER**

TO: Registration Section Division of Corporations			
Beta Engineering, LLC			
	Name of Limited L	iability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	d Office Change and	fee(s) are submitted for filing.	
Please return all correspondence concerni	ng this matter to the	following:	
Mary Castillo			
Name of Person	**************************************	<del></del>	
Registered Agent Solutions, Inc.			
Firm/Company		<u> </u>	<b>2019</b> SEC 1.AL
1701 Directors Blvd, Suite 300			ZO19 APR SECRETALLASSA
Address		<del></del>	-8 -4 -8 -4 -8 -4
Austin, TX 78744			- TT TT
City/State and Zip Co	ode	<del></del>	180     1715   180   1
notices@rasi.com			. –
E-mail address; (to be used for futur	e annual report noti	fication)	
For further information concerning this m	atter, please call:		
Mary Castillo	888 at (	705-7274	
Name of Person		Area Code & Daytime Tele	phone Number
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Ro D P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314	
Enclosed is a check for the follo	wing amount:		
2 \$25 Filing Fee	<b>-</b> \$	55 Filing Fee & Certified Cop	y
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

Floric	da.						
1. N	Name of the limited liability company: Beta	a Engineering	I, LLC				
	Principal office address of limited liability company:  Mailing address of limited liability company:						
	Principal office uddress of limited liability con (Note: MUST BE STREET ADDRESS			(Note: MAY BE POST OFFICE BOX)			
	4725 HWY 28 E	P.O. 8	3OX 5832				
	PINEVILLE, LA 71360	ALEX	ANDRIA, LA 71	307			
	9/21/2001	00000215	00002150				
3.	Date of filing/registration in Florida	4,	Document nun	nher			
5. (a	Registered Agent and Registered Office shown on the CTCORPORATION S  Registered Office Address (MUST BE FLORIDA 1200 SOUTH PINE ISLAND ROAD	SYSTEM	State:				
	1200 SOUTH FINE ISLAND HOAD						
	PLANTATION	33324		<u>~</u>			
		, FL	<del>~ 11 ~ .</del>	2019 APR SECRET			
(b	Enter name of <u>NEW Registered Acent</u> and/or <u>NEW</u>			<b>AP</b>			
(**	Enter name of NEW Registered Acent and/or NEW	Registered Office address:		7-8 F-A			
	Registered Agent Solu						
	NEW Registered Office Address: 155 Office Plaza Dr.	Suite A		0.14E			
	Tallahassee	32301 , FL					
the chagent was/v the ar / s / Sign I her provide the out to me	limited liability company is not organized unchange or changes are made, the Florida street a will be identical. Or, in the case of a Florida were authorized by an affirmative vote of the naticles of organization or the operating agreement of a member of authorized representative of a member of authorized representative of a member of all statutes relative to the proper and bigations of my position as registered agent a circly reflect a change in the registered office and ded in spring of this change.	ddress of the registered o limited liability company, nembers of the limited liability and of the limited liability.  John P	ffice and the busing it is hereby confir bility company or a company.  Doggett  Printed or typed converte: I further	sess office of the registered med that the change(s) as otherwise provided in Secretary  name of signee			

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Justine Karnell

Signature of Registered Agent Assistant Secretary