P140000 35136

(R	equestor's Name)			
(A	ddress)			
(A	ddress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name)			
(Document Number)				
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COVER LETTER

TO:	Amendment Section Division of Corporations	•	
SUBJI	ECT: Beckles & Co. Inc. of Corporation		
Name	of Corporation		
DOCE	JMENT NUMBER: P14000035136		
The er	aclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
Mario	Beckles		
Name	of Contact Person		
	es & C0		
Firm/C	Company		
	Iollywood Blvd. Suite 208		
Addre	SS		
-	vood, FL		
City/S	tate and Zip Code		
	mbeckles@becklescpa.com		
E-mai	l address: (to be used for future annual	report notification)	
For fu	rther information concerning this matter, p	please call:	
Mario	A Beckles	at (786) 512-5016 Area Code & Daytime Telephone Number	
	Name of Contact Person	Area Code & Daytime Telephone Number	
Enclos	sed is a \$35.00 check made payable to the	Department of State.	
	Mailing Address: Amendment Section	Street Address:	
		Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
rananassee, pl 32314		Tallahassee, FL 32303	

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 6 proget is submitted for a corporation organized to change its registered office or registered	l under the laws of the State of Florida	Į	<u> </u>	
1. The name of the control of the principal of Hollywood, FL 3	he corporation: Beckles & Co. Inc. 2001 Hollywood Blvd. Suite 2002	08			-
3. The mailing ac	ddress (if different):				_
4. Date of incorp	oration/qualification: 04/16/2014	Document number: P14000035136			_
	street address of the current registered agen tment of State: (If resigned, enter resigned)	t and registered office on file with the			
	Mario A Beckles				
	2075 NE 164th Street, APT 904		2020 SEP -2 2020 SEP -2 SECNETARY		-9-
	North Miami Beach, FL 33162 (resigned)	A.	ات: اخز:	- L	451
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offic			2	
	Registered Agents Inc.		N	9: 40	
	7901 4th St N STE 300		[7]	_	
	P.O. Box. NO. St. Petersburg FL 33702	T acceptable			
	ss of its registered office and the street add be identical.			l agen	t,
Such change wa authorized by th	s authorized by resolution duly adopted by e board, or the corporation has been notified	its board of directors or by an office and in writing of the change.	r so		
Main SS	<u> </u>	Aario A. Beckles			
I hereby accept of I furthér agree to of my duties, and document is bein	the appointment as registered agent and as o comply with the provisions of all statutes of I am familiar with and accept the obligat ng filed merely to reflect a change in the re been notified in writing of this change.	Printed or typed name and title gree to act in this capacity, relative to the proper and complete ion of my position as registered agen gistered office address, I hereby con	perfo u. Oi firm i	rmana r, if th thát th	ce us ie
Rice Ham	 0	8/28/2020			
Sign	ature of Registered Agent	Date			•
If signing on bel	nalf of an entity:				
Bill Havre					
Ty	ped or Printed Name				

* * * FILING FEE: \$35.00 * * *