## 104000000424

(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAI	L	
(Business Entity Name)		
(Business Linky Marie)		
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D. BRUCE
JAN 0 6 2009
EXAMINER

## **COVER LETTER**

Division of Corporations	
SUBJECT: LIGHTHOUSE II. (Name of	OF Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	• ,,
[HRSTOPHER ROEL] (Name of Person)	<u>L</u>
LIBATHOUSE PROPERTY	7 INNOVATIONS LLC
00 00 100	SECH VLLA
PO BOX 1535 (Address)	HEIN AS I
,	Section 1
PALMOTTO PL 3422	
(City/State and Zip Code)	9 JAN - 5 PH 3: 17 CCRETARY OF STATE LAHASSEE, FLORIDA
For further information concerning this matter	er, please call:
(Name of Person)	at ( <b>3941</b> ) 266-7500
(Name of Person)	(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	ng amount:
(2) \$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 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.

1. Name of the limited liability company:	BE PROPERTY INNOVATIONS LLC
2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	سينت مصحم والاردة ومحمد
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	80X 1535 NMETTO PL 34220
JAN 20 2004	L04000006424
3. Date of filing/registration in Florida 4	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	MRISTOPHER ROCHIES
Registered Office Address:	HOLMES SEARCH PL 34217 &
(b) Enter name of NEW Registered Agent and/or NEW	Registered Office address:
NEW Registered Agent:	RATIO
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	parmetto
If the limited liability company is not organized under the lat that after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cashereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability dompany.  (Signature of a member or authorized representative of a member)	address of the registered office and the business see of a Florida limited liability company, it is
CHRISTOPHER A. ROEML	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the proj am familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a cl confirm that the limited liability composity has been notified	ree to act in this capacity. I further agree to per and complete performance of my duties, and I is registered agent as provided for in Chapter 608, nange in the registered office address, I hereby in writing of this change.
(Signature of Registered Agent)	

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