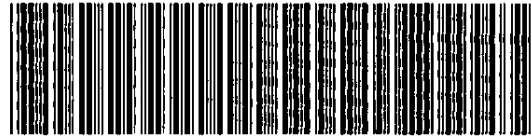


W08000082673



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25 OCT 22 PM 1:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

OCT 25 2010

EXAMINER

W08-82673

(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:

Office Use Only



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 30, 2010

MERCHAN GOMEZ, OMAR  
110 E BROWARD BOULEVARD, SUITE 610  
FORT LAUDERDALE, FL 33180

SUBJECT: BEESION TECHNOLOGIES, LLC  
Ref. Number: L08000082673

We have received your document for BEESION TECHNOLOGIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 110A00023217

29 OCT 22 PM 1:34  
CORPORATION  
REGISTRATION  
DIVISION  
FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Beesion Technologies, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Omar Merchan Gomez  
Name of Person

Beesion Technologies, LLC  
Firm/Company

110 E Broward Boulevard - Suite # 610  
Address

Fort Lauderdale, FL, 33180  
City/State and Zip Code

omar@merchan.com.ar  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Omar Merchan Gomez at ( 954 ) 414-4600  
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 amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

28th OCT 22 PM 1:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

**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: \_\_\_\_\_

2. (a) Principal office address of limited liability company: \_\_\_\_\_

(Note: **MUST BE STREET ADDRESS**) \_\_\_\_\_  
 \_\_\_\_\_

(b) Mailing address of limited liability company: \_\_\_\_\_

(Note: **MAY BE POST OFFICE BOX**) \_\_\_\_\_  
 \_\_\_\_\_

3. Date of filing/registration in Florida \_\_\_\_\_

4. Document number \_\_\_\_\_

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: \_\_\_\_\_

Registered Office Address: \_\_\_\_\_  
 \_\_\_\_\_


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 2010 OCT 22 PM 1:34  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: \_\_\_\_\_

**NEW** Registered Office Address: **(MUST BE FLORIDA STREET ADDRESS)**  
 Omar Merchan Gomez  
 110 E Broward Boulevard - Suite # 610  
 Fort Lauderdale, FL 33180

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
 Signature of a member or authorized representative of a member

Printed or typed name of signee \_\_\_\_\_

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
 Signature of Registered Agent

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