(Requestor's Name) (Address)	
(Address)	300282621003
(City/State/Zip/Phone #)	03/07/1601008020 **35.00
(Business Entity Name)	2016 HA
(Document Number) Certified Copies Certificates of Status	2016 HAR -7 PH 6: 38 DECRETARY OF STATE TALLAHASSEE, FLORID
Special Instructions to Filing Officer:	
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COVER LETTER TO: Amendment Section **Division of Corporations** Bel-Aire, Inc. SUBJEC Name of Corporation 725756 **DOCUMENT NUMBER** The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ANICE WYQA Name of Cont Sel-Aire Iuc Firm/Company 5381 SW 40 Ave Address Fort Lauderdale, Florida 33314 City/State and Zip Code <u>TWEILEEN</u> Q. Q.Q. W.M. E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

125 Name of Contact Herson

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

1. The name of the corporation: Bel-Aire, Inc.

2. The principal office address: 5381 SW 40 Ave

Fort Lauderdale, Florida 33314

3. The mailing address (if different):____

4. Date of incorporation/qualification:	. 03/08/1973	Document number: 725756	
4 . Date of the organization and the attention 4			

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Becker & Poliakoff, P.A.

1 East Broward Blvd, Suite 1800

Fort Lauderdale, Florida 33301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Kaye Bender Rembaum, P.L.

1200 Park Central Blvd South

P.O. Box NOT acceptable

Pompano Beach, Florida 33064

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

Date

2016 MAR - 1

If signing on behalf of an entity:

Lisa A. Magill

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)