F11000000281

(Re	equestor's Name)	· 		
(Address)				
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(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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(BL	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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03/30/16--01005--012 **10.00

02/22/16--01005--006 **25.00

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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 1, 2016

NICOLAS SIHA LEGALINC CORPORATE SERVICES INC. 17350 STATE HIGHWAY 249 HOUSTON, TX 77064

SUBJECT: BEACON INTERNATIONAL GROUP INC

Ref. Number: F11000000281

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

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your document is \$35.

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) 245-6050.

Darlene Connell Regulatory Specialist III

Letter Number: 416A00004210

COVER LETTER

Divisior	n of Corporations	
BE	ACON INTERNATIONAL GROUP I	NC
SUBJECT;	Name of Corpo	pration
DOCUMENT N	F11000000281 NUMBER:	
The enclosed St	atement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return all	correspondence concerning this matter to	the following:
	NICOLAS SIHA	
	Name of Contac	t Person
	LEGALINC CORPORATE SERV	ICES INC.
	Firm/Comp	any
	17350 STATE HIGHWAY 249	
	Address	
	HOUSTON, TX 77064	
	City/State and Z	ip Code
	SUPPORT@LEGALINC.COM	
	E-mail address: (to be used for future	re annual report notification)
For further infor	rmation concerning this matter, please call:	
NICOLAS SII		713 478.1040
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$3	5.00 check made payable to the Department	nt of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

TO: Amendment Section

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

Pursuant to the	provisions of sections 607.0502, 617	7.0502, 607.1508, or 617.1508, Florida	a Statutes, this a FLORIDA
statement of cha	inge is submitted for a corporation o	organized under the laws of the State o	f
in orde	· · ·	egistered agent, or both, in the State of	r rioriaa.
 The name of The principal 	the corporation: 81 MILL ST, SUI office address:	RNATIONAL GROUP INC TE 300	
GAHANN	A, OH 43230		
	81 MILL ST, address (if different): NA, OH 43230	SUITE 300	
4. Date of incor	poration/qualification:	Document number: F1100	00000281
	I street address of the current registe rtment of State: (If resigned, enter res USA-RA LLC	red agent and registered office on file signed)	with the
	841 PRUDENTIAL DRIVE, 1	2TH FLOOR	
	JACKSONVILLE, FL 32207		E MAR 30
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered	DITICO
	LEGALINC CORPORATE SI	ERVICES INC.	AH IO: H
	5237 SUMMERLIN COMMO	<u> </u>	्यूच के -
	FORT MYERS, FL 33907	NOT acceptable	_
The street address changed will	ess of its registered office and the st be identical.	reet address of the business office of	its registered agent,
	as authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by a notified in writing of the change.	n officer so
Mid	SHC	NICOLAS SIHA	
I hereby accept I further agree performance of agent. Or. if th	the appointment as registered agen to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notif	statutes relative to the proper and co and accept the obligation of my positi reflect a change in the registered of	omplete on as registered
Mich	Si HI nature of Registered Agent	3 10 10 Date	
, ,	half of an entity:	, 540	
Т	yped or Printed Name		

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