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REGISTERED AGENT CHANGE BELLEMEAD MARINA DEL REY CORP.

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COVER LETTER

BELLEMEAD MARINA DEL REY CORP. Name of Corporation F96000001752 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: MADELYN BALLESTEROS Name of Contact Person Chubb Firm/Company 15 MOUNTAIN VIEW ROAD Address WARREN, NEW JERSEY 07059 City/State and Zip Code MBALLESTEROS@CHUBB.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MADELYN BALLESTEROS Name of Contact Person at (908 903-4826) Area Code & Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address:	TO:	Amendment Section Division of Corporations					
Name of Corporation F9600001752 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: MADELYN BALLESTEROS Name of Contact Person Chubb Firm/Company 15 MOUNTAIN VIEW ROAD Address WARREN, NEW JERSEY 07059 City/State and Zip Code MBALLESTEROS@CHUBB.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MADELYN BALLESTEROS P08 908 903-4826 Area Code & Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State.	SIIB I						
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•		Name of Contact Person	Area Cod	e & Daytime Telephone Number			
Mailing Address: Street Address;	Enclos	ed is a \$35.00 check made payable to the Depart	tment of State.				
Amendment Section Amendment Section		Mailing Address: Amendment Section	Street Amer	Address: adment Section			
Division of Corporations Division of Corporations							
P.O. Box 6327 Clifton Building			Clifto	n Building			
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		Tallahassee, FL 32314					

CR2E045 (03/12)

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

		17.0502, 607.1508, or 617.1508, Florida Statute.	
		organized under the laws of the State of DELA\ registered agent, or both, in the State of Florida	
1. The name of th	e corporation: BELLEMEAD MAI	RINA DEL REY CORP.	
2. The principal of	ffice address: c/o MADELYN BAL	LESTEROS	
	N VIEW ROAD, WARREN, NJ 070		· .
3. The mailing ad	dress (if different):		
4. Date of incorpo	ration/qualification: 04/04/1996	Document number: F96000001752	
	street address of the current registenent of State: (If resigned, cuter re	ered agent and registered office on file with the esigned)	•
7	THE PRENTICE-HALL CORPORA	TION SYSTEM, INC.	
1	201 HAYS STREET, STE 105		\$500 J
ז	TALLAHASSEE, FL 32301-2525	_	
(if changed):		d agent (if changed) and /or registered office	7 11 1
<u>(</u>	T Corporation System		· · · · · · · · · · · · · · · · · · ·
c	/o C T Corporation System, 1200 So	outh Pine Island Road	12. T
		x NOT acceptable	
<u> </u>	lantation, Florida 33324		
as changed will be	e identical.	treet address of the business office of its regist opted by its board of directors or by an officer on notified in writing of the change.	,
-R. 11	a _		
Signature	or an officer of duceasi:	BRANDON M. PEENE, SECRETARY Printed or typed name and title	
	e appointment us registered ager comply with the provisions of all y dulies, and I am familiar with a document is being filed merely to at the corporation has been notificationsystem	nt and agree to act in this capacity. statutes relative to the proper and complete and accept the obligation of my position as reg reflect a change in the registered office addre fied in writing of this change.	istered uss, I
By://while	the Chan	7/7/16	
• •	ar6 of Registered Agent	Date	
If signing on beha		n Owens	
		stant Secretary	
Туре	d or Printed Name -		
	* * * FILING	G 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)