	MENT # LOOOOC		IRT (UB	R)	Ell ED			
1. Entity Nan	me		FILED					
BEAKNO'S INTERNATIONAL, W.				(01 MAY -2 PM 1: 37			
Principal Place of Business Mailing Address				TA	SECRETARY OF STATE TALLAHASSEE. FLORIDA			
2. Principal F	Place of Business	3. Mailing Address	•					
Suite, Apt.	N. CALEVICED DK.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE		
City & Stat		City & State			Number		Applied For Not Applicable	-
Zip	Country	Zip	Country		+ 367044)	\$5.00	Additional	7
<u>33-01</u>	6. Name and Address of Current	Registered Agent		l	ne and Address of New Regi	Fee Requ	ired	-{
			Name					1
SYNTHA K. SAKSON 3721 N. CAUSION DK. TAMPA FL 33608				Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FC 33608			City		FL Zip Code			
8. The above	e named entity submits this statement for	the purpose of changing its	agistered office of	r registered agent	or both, in the State of Florida	a.		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registered Agent signat	ure required when reinsta	t.ng)	DATE		
		FILE NC Make Check Pay	WIII FEE IS S		4000043			
9.	MANAGING MEMBE	BS/MEMBERS	10.		*******5{} ADDITIONS/CH	【[][] ****** IANGES	<u> </u>	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3421 N	-D RESUES 1 WILVES T 1 VIVES ST	☐ Chang	e Addition	2F083 (11/00)
TITLE NAME		☐ Delete	TITLE NAME	IMIONA	70 00018	☐ Change	e Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Changa	e 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	e 🔲 Addition	
NAME' STREST ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated :	ertify that the information supplied with in on this report is true and accurate and to billity company or the receiver or trustee	hat my signature shall hav∈ th	ie same legal effe	ct as if made unde	er oath; that I am a managing	ther certify that the member or manage	information ger of the	
	SIGNATURE AND TYPES OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MA VA	GER, OR AUTHORIZED	REPRESENTATIVE	Date	Daytime Phone #		1