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SECRETARY OF STATE TALL AHASSEE FLORIDA



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BTB - BENTLEY TRADING (Name of I	IG BUSINESS, LLC f 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	ng this matter to the following:	
RUBENS C. DE PAIVA NETO (Name of Person)	P co	07
	LAH	07 JAN 19
· (Firm/Company)	ASSE	5
19 NOTTINGHAM PL (Address)	SEE FLORIDA	7
BOYNTON BEACH, FL 33426 (City/State and Zip Code)		
For further information concerning this matter	atter, please call:	
RUBENS C DE PAIVA NETO	at (561) 807-0128	
(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	ring amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (8/05)

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.	$\frac{d}{d}$
The name of the limited liability company is: BTB BENTLEY TRADING BUSINESS, LLC	. •
2. The mailing address of the limited liability company is : 19 NOTTINGHAM PL., BOYNTON BEACH, FLORID	ŖIDA,
33426	
12/09/2002 L02000032944	•
3. Date of filing/registration in Florida 4. Document number	-
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:	
RUBENS C DE PAIVA NETO	
Name ≥ ∞ o	
23359 SW 55TH WAY, UNIT F	
Address	. ^
BOCA RATON, FL, 33433	
City, State and Zip	
6. The name and address of the new registered agent and/or office:	
6. The name and address of the new registered agent and/or office: RUBENS C DE PAIVA NETO	
Name	
19 NOTTINGHAM PL.	
Florida street address (P.O. Box NOT acceptable)	
BOYNTON BEACH FL 33426	
City, State and Zip	
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)	
DUBENO O DE DANA NETO	
RUBENS C DE PAIVA NETO (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