

L03 0000006783

(Requestor's Name)

Be Home, LLC
355 Saddieworth Place
Lake Mary, FL 32746

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

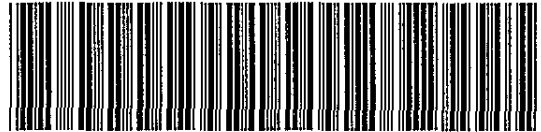
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

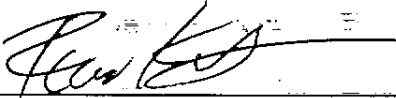
L03-6783
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**Statement of Change of Registered Office and Registered Agent
Of
BE HOME, LLC**

Pursuant to the provisions of section 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office and registered agent, in the State of Florida

1. The name of the limited liability company is Be Home, LLC.
2. The mailing address of the limited liability company is 10406 Sparkle Court, Orlando, Florida 32836.
3. Date of Filing of the Resignation in Florida is June 30, 2004.
4. The document number of the company is L03000006783.
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State is: 10406 Sparkle Court, Orlando, Florida 32836.
6. The name and address of the new registered agent and office is: Maryann Klimm, whose office address is 355 Saddleworth Place, Lake Mary, Florida 32746.

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) 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 member or authorized representative of a member

Richard Krent

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 the 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

ITZHAK SHTRICK, POA for Maryann Klimm

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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