

2/23/2015 13:44:25 From: To: 8506176380

Division of Corporations

**LD3 0000 47583** ( 1/3 )  
Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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RECEIVED  
15 FEB 23 PM 1:49  
DIVISION OF CORPORATIONS  
TALLAHASSEE FLORIDA

**LLC REGISTERED AGENT CHANGE  
EES3, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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FEB 24 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BES3, LLC  
Name of 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 this matter to the following:

Kenneth Koos

Name of Person

BES3, LLC

Firm/Company

9182 Wilderness Passage

Address

Chagrin Falls, OH 44023

City/State and Zip Code

ekkk@omllc.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peggy Routzahn

Name of Person

at 215

399-9450

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

1. Name of the limited liability company: BES3, LLC
2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
9182 Wilderness Passage  
Chagrin Falls, OH 44023
- (b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
9182 Wilderness Passage  
Chagrin Falls, OH 44023
3. 11/25/2003  
Date of filing/registration in Florida
4. L03000047583  
Document number
5. (a) L.M. Ploucha, Esquire c/o Fowler White Boggs P.A.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
L.M. Ploucha, Esquire c/o Fowler White Boggs P.A.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS):  
1200 East Las Olas Blvd, Ste 500  
Fort Lauderdale, FL 33301
- (b) C T Corporation System  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
NEW Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

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

E. K. Koos, Manager

Printed or typed name of signer

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 605, 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.

By: Margaret E. Routzahn  
Signature of Registered Agent

MARGARET E. ROUTZAHN  
Special Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

FILED  
15 FEB 23 AM 10:59  
TALLAHASSEE, FLORIDA