1000012905

(Re	questor's Name)	
(1)	dress)	
(Au	uless)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	}
(Do	cument Number)	· · ·
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
RA		

Office Use Only



000108875520

09/07/07--01006--008 **25.00

07 SEP -7 PH 3: 07

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bispoint LCC (Name of Limite	ed 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 r	matter to the following:
Svetlana Astafuro	eva_
(Firm/Company)	
7980 BiscayNe Poi	int Circle
Uiaui Beach F/33 (City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Svetlang Astafurova at (786 328-9100 (Area Code & Daytime Telephone Number)
(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 am	nount:
₩\$25 Filing Fee	\$55 Filing Fee & Certified Copy
TATTOSO (OINC)	

INIIS18 (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.

1. The name of the limited liability company is: Bispoint UC			
2. The mailing address of the limited liability company is: 4980 Biscayne			
Point Circle Miami Beach Fl 33141			
Point Circle, Miami Beach Fl 33141 02/17/2004 L04000012905			
3. Date of filing/registration in Florida 4. Document number	_		
	07 000 -7		
7980 Biseayne Point Circle	i i		
Florida street address (P.O. Box NOT acceptable)	ئ		
	<u>.</u>		
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 vot of the members of the limited liability company or as otherwise provided in the articles of organizatio or the operating affectment of the limited liability company.	e		
(Signature of a pleasure or authorized representative of a member)			
Jeffrey Slavet, MGRM			
(Prime divised same of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree comply with the provisions of all statutes relative to the proper and complete performance of my dutie and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 508, Inc. Or of this document is being filed to merely reflect a change in the registered office address, I herefy 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	to s, i		
FILING FEE: \$25.00			

INHS18 (8/05)