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| (R | equestor's Name |) | |
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| (A | ddress) | | |
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| (C | ity/State/Zip/Phor | ne #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bi | usiness Entity Na | me) | |
| (Document Number) | | | |
| Certified Copies | _ Certificate | s of Status | |

Special Instructions to Filing Officer:

L. SELLERS
AUG 2 5 2010
EXAMINER

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SEGRETARY OF STATE

COVER LETTER

| TO: | Registration Section Division of Corporations | |
|-------------|---|--|
| SUBJ | JECT: <u>BElle Ven Properties</u> Name of Limi | LLC ited Liability Company |
| Dear | Sir or Madam: | |
| The e | nclosed Registered Agent/Registered Offic | ce Change and fee(s) are submitted for filing. |
| Please | e return all correspondence concerning this | matter to the following: |
| | TIM Williams | |
| | II / | thes LLC |
| | 1100 State Road | 29 |
| | La Belle /F/ 3 City/State and Zip Code | 3975 |
| _ \ | en Poembas amail. Cor mail address: (to be used for luture annual report notifie | <u> </u> |
| For fu | urther information concerning this matter, p | please call: |
| | Tim Williams at | (_239)440 - 1580 Area Code & Daytime Telephone Number |
| | STREET/COURIER ADDRESS: Registration Section | MAILING ADDRESS: Registration Section |
| | Division of Corporations | Division of Corporations |
| | Clifton Building | P.O. Box 6327 |
| | 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida 32314 |
| | Enclosed is a check for the following a | mount: |
| | \$25 Filing Fee | \$55 Filing Fee & Certified Copy |

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. Name of the limited liability company: Beleven | Properties LLC |
|---|--|
| 2. (a) Principal office address of limited liability company: | 1100 State Road 29 |
| (Note: MUST BE STREET ADDRESS) | LABelle FI 33975 |
| (b) Mailing address of limited liability company: | 18011 S. Tamiani Tr. |
| (Note: MAY BE POST OFFICE BOX) | FORT MYETS, F1 3390 |
| 10 /16 /2006 3. Date of filing/registration in Florida | L 06000/00789 Document number |
| 5. (a) Registered Agent and Registered Office shown on the | ne records of the Florida Dept. of State: |
| Registered Agent: | Tom C Venetis |
| Registered Office Address: | 10090 Intercom Dn. #B13 F+. Myers, F1 33913 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> NEW Registered Agent: | Registered Office address: |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 1100 State Road 29 LABelle FL 33975 |
| If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwor the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provision of all statutes relative to the provision of all statutes relative to the provision of the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mere address, I hereby confirm that the limited liability company | orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote vise provided in the articles of Arganization |
| Signature of Registered Agent | |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25,00