FILED
Jun 25, 2007 8:00 am
Secretary of State
05-04-2007 90315 003 ****50.00

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16276 LINGLE RD. 16276 LINGLE	DOCUMENT # L06000101754 1. Entity Name MY BFE, LLC							30	0112	3 5
Suite. Apt. F. etc.	Principal Place of Business 16276 LINGLE RD. ISTACHATTA, FL 34636		16276 LINGLE RD.							
City & State City & State City & State City & State A. FEI Number 2 8 3 4 5 1 Not Applied For Not Applied	2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Signature Sign	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03162007	Chg-LLC	CR2E	083 (12/06)	
B. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name New Registered Agent Name Name New Registered Agent Name Nam	City & State		City & State			1 1 1	-2883	3487	No	n Applicable
HENECHAN, BRETT 18276 LINGLE RD. ISTACHATTA, FL 34636 8. The above named entiry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It an familiar with, and accept the obligations of registered agent, or both, in the State of Florida. It an familiar with, and accept the obligations of registered agent. Filling Fee is \$50,00 Due by May 1, 2007 Filling Fee is \$50,00 By ManAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES INC. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES CITY-31-79 INC. MANAGING MEMBERS/MANAGERS CITY-31-79 INC. MANAGING MEMBERS/MANAGERS INC. MANAGING MEMBERS/MANAGERS CITY-31-79 INC. MANAGING M				Gnentry	<i>,</i>	<u> </u>			Fee Require	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Number is Number in Number in Number is Number in Number in Number in Number in Number is Number in N	•	5. Name and Address of Curren	t Registered Agent		Name	7. Name an	d Address of New	Registered	Agent	
E. The above named entity submiss this statement for the guippose of changing its registered after or registered agent, or both, in the State of Piorias. I am Itaminar with, and accept more obligations of registered agent. Or both, in the State of Piorias. I am Itaminar with, and accept more obligations of registered agent. Or both, in the State of Piorias. I am Itaminar with, and accept the obligations of registered agent. Or both, in the State of Piorias I am Itaminar with, and accept the obligations of registered agent. Or both, in the State of Piorias I am Itaminar with, and accept the obligations of registered agent. Or both, in the State of Piorias I am Itaminar with, and accept the obligations of registered agent. Or both, in the State of Piorias I am Itaminar with, and accept the obligations of the obligations of the piorias agent a	16276 LINGLI	E RD.	Street Address			P.O. Box Number is Not Acceptable)				
The obligations of registered agent. 10	, 1017,671117	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	City			FL	Zip Cod	
Filling Fee is \$50.00 Bue by May 1, 2007	SIGNATURE 72-54-16-67									
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MAKE SIRET ADDRESS CITY-S1-2P TITLE MAKE SIRET	9.	MANAGING MEMB	ERS/MANAGERS	10.	····		ADDITION	S/CHANGES	S	
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NAME SIREET ADDRESS CITY-ST-ZP ITILE NAME SIREET ADDRESS CITY-ST-ZP ITILE NAME SIREET ADDRESS CITY-ST-ZP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee approvered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: **THE ADDRESS CITY-ST-ZP** 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee approved to execute this report as required by Chapter 608, Florida Statutes. **SIGNATURE:** **A-16-07** 3587556465**	NAME STREET ADDRESS		Delete	NAME STREET	1				Change	Addition
SIRET ADDRESS CITY-S1-ZP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 3587556465	NAME STREET ADDRESS		☐ Delete	NAME STREET					Change	Addition
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 3587556465	NAME STREET ADDRESS		☐ Celets	NAME STREET	l.				☐ Change	Addition
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SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DNG Daystra Pront #	SIGNATU	RE: ACMATURE AND TYPED OR PRINTED NAME	LOF BIGNING MANAGING MEMBER, M	MANAGER, DR A	AUTHORIZED REPRES	ENTATIVE	4-16-0			1465