L06000104062

(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Belleview Business Cen (Name of	of Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Bernard Feldman		
(Name of Person)		
Belleview Business Center, LLC		
(Firm/Company)		
5635 Oakmont Ave.		
(Address)	•	
Holloward Florida 22242		
Hollywood, Florida 33312 (City/State and Zip Code)	<u> </u>	
For further information concerning this matter	er, please call:	
Bernard Feldman	at (954) 712-9555	
(Name of Person)	(Area Code & Daytime Telephone Number)	
	MAN INC. I PROPERCO	
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	ng amount:	
☑ \$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.]	Nar	ne of the limited liability company: Belleview Busine	ss Center, LLC
2. ((a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	7: 5635 Oakmont Ave. Hollywood, Florida 33312
((b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	PAGE SE
		,	P 26
10/3	25/2	2006	L06000104062
3.	Dat	e of filing/registration in Florida	4. Document number
5.	(a)	Registered Agent and Registered Office shown on	
		Registered Agent:	Frank Diaz
		Registered Office Address:	3400 Coral Way Miami, Florida 33145
•	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> : NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	W Registered Office address: Bernard Feldman 5635 Oakmont Ave. Hollywood, Florida 33312,FL
thar offi her liat lim	t afice eby oilit ited	imited liability company is not organized under the ter the change or changes are made, the Florida stree of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	et address of the registered office and the business ase of a Florida limited liability company, it is
Dar (Pri I h con am F.S con	vid inted nere npl fai fai infir	Houri, Manager or typed name of signee) by accept the appointment as registered agent and a with the provisions of all stantes relative to the provision of this document is being filed to merely reflect a miliar with the limited trability company has been notified are of Registered Agent)	gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby I in writing of this change.

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