Office Use Only

G. MCLEOD

OCT 27 2009

EXAMINER



700162063887

10/26/09--01013--017 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	Bela Homes, LLC
Name of I	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Kevin Frankel	
Name of Person	
Bela Homes, LLC	
Firm/Company	
2202 N. Westshore Blvd, Suite Address	200
Tampa, FL 33607 City/State and Zip Code	
•	
kevinfrankel1@gmail.com E-mail address: (to be used for future annual report n	otification)
For further information concerning this matte	er, please call:
Kevin Frankel	at (<u>813</u>) 468-7150
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	g 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.

Name of the limited liability company:	Bela Homes, LLC	
2. (a) Principal office address of limited liability compan	y:	
(Note: MUST BE STREET ADDRESS)	2202 N. Westshore Blvd., S Tampa, FL 33607	uite 200
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	2202 N. Westshore Blvd., S Tampa, FL 33607	uite 200
10/11/07	L07000103683	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept.	of State:
Registered Agent:	Kevin Frankel	- 8
Registered Office Address:	764 Caliente Drive Brandon, FL 33511	TARY STORY
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>		STATE ORATION 2: 25
NEW Registered Agent:	Kevin Frankel	3 4
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2202 N. Westshore Blvd. Suite 200	
	Tampa ,	FL <u>33607</u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a manter or authorized representative of a member	lorida street address of the registical. Or, in the case of a Florida) was/were authorized by an affirmise provided in the articles of a	tered office
Kevin Frankel Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address. I hereby confirm that the limited liability companions of Registers (Agent	gree to act in this capacity. I fu oper and complete performance sition as registered agent as pro rely reflect a change in the regis y has been notified in writing of	rther agree to of my duties, vided for in stered office this change.
Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314	

FILING FEE: \$25.00