L08000011773

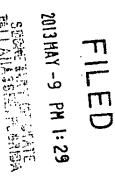
(Requestor's Name)		
(Address)		
(Address)		
(Audiess)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Special instructions to 1 unity Officer.		

Office Use Only



600247747256

05/09/13--01021--013 **25.00



MAY 10 2013 J. BRYAN

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Bendec Financial Group, LLC

Name of Limited 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 matter to the following:

Fedy Belizaire

Name of Person

Bendec Financial Group, LLC

Firm/Company

104 E Fowler Ave, Suite 207

Address

Tampa FL 33612

City/State and Zip Code

bendec@verizon.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fedy Belizaire

,,,813 \ 994

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 amount:

■ \$25 Filing Fee

■ \$55 Filing Fee & Certified Copy

2013 HAY -9 PM 1:

INHS18 (5/08)

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: BENDEC FINAL	NCIAL GROUP, LLC
2. (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	npany: 104 E FOWLER AVE, SUITE 207 TAMPA FL 33612
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	104 E FOWLER AVR AVE, SUITE 207 TAMPA FL 33612
February 01, 2008	L08000011773
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State:
Registered Agent:	Jeanvil Despeines
Registered Office Address:	13719 N Nebraska Ave, Suite 103 Tampa FL 33613
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	NEW Registered Office address: Fedy Belizaire
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	104 E Fowler Ave
	Suite 207
	Tampa ,FL 33612
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the chan the members of the limited liability company or as of the operating agreement of the limited liability company of the limited liability compan	the Florida street address of the registered office identical. Or, in the case of a Florida limited age(s) was/were authorized by an affirmative vote of nerwise provided in the articles of organization or
Nadine Belizaire Printed or typed name of signee	
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of the Chapter 608, F.S. Or, if this document is being filed address, thereby confirm that the limited liability con	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, ny position as registered agent as provided for in to merely reflect a change in the registered office npany has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent