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B. KOHR

AUG 2 1 2009

EXAMINER

COVER LETTER

TO: Amendme Division o	nt Section f Corporations						
SUBJECT:	BELLINI BE Name of 0	LLE, LLC Corporation					
DOCUMENT NU	MBER: LO8	000092087					
The enclosed State	ment of Change of Registered Offi	ce/Agent and fee are submitted for filing	•				
Please return all co	rrespondence concerning this matte	er to the following:	2				
	Sean Name of Co	Bogle ontact Person					
Law Offices of Sean F. Bogle, P.A. Firm/Company							
	T IIII C	on pany					
		k Avenue, Suite 205					
	Ado	dress					
Winter Park, Florida 32789 City/State and Zip Code							
	a a a m 🙉 h a a l a	lou firm on m					
_	sean@bogle E-mail address: (to be used for	future annual report notification)					
For further informa	tion concerning this matter, please	call:					
	Catherine Outlan	at (407) 834-3311 Area Code & Daytime Telephone Number	_				
Nar	ne of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a \$35.0	0 check made payable to the Depar	tment of State.					
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					

CR2E045 (8/05)

A Check

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of section inge is submitted for						
	r to change its regis						
1. The name of t	the corporation:						
2. The principal	office address:	1230 VI	A ESTR	ELLA		<u> </u>	
		WINITER P.	MIZE, FL	32.78	9		
3. The mailing a	ddress (if different);						
 							
4. Date of incorp	ooration/qualification	n: <u>9-26-2</u>	2008 Doc	ument numbe	r. L080	00092087	
	l street address of the tment of State: (If re			egistered offic	ce on file with	h the	
	Sean F. Bogle,	Esquire			ķ.	THE STATE OF THE S	
	706 Turnbull Av	venue, Suite 20	3			6	FE
	Altamonte Sprin	ngs, FL 32701				SSEE SEE	6
6. The name and (if changed):	street address of the	e new registered ag	ent (if chang	ged) and /or re	egistered offic	STATE STATE	,
	101 South New	York Avenue,	Suite 205			Tr.	
		P.O. Box N	IOT acceptable				
	Winter Park, Flo	orida 32789					
The street addre	ess of its registered of be identical.	office and the stre	et address o	f the business	office of its	registered agent,	
Such change wa authorized by th	as authorized by reside by area	olution duly adoptoration has been	ted by its bo notified in v	oard of directo vriting of the	ors or by an ochange.	officer so	
	オーと			LAURE	N Som	N	
_	re of an officer or director		-	•	ped name and titl		
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as to comply with the p d I am familiar with ng filed merely to r been notified in wr	registered agent of all standarding of all standarded the office of the office of this change in this change in this change in the office of the office office of the office of the office of the office office of the office of the office of the office office of the office of the office of the office office of the office of the office of the office office of the office office of the office of the office of the office office of the office of the office of the office office of the office of t	and agree to atutes relati bligation of the register ge.	o act in this co ive to the proj my position i ed office addi	apacity. per and com as registered ress, I hereby	plete performance agent. Or, if this y confirm that the	
6	3/2			8	3-2ag	•	
28/87	nature of Registered Agent	· · · · · · · · · · · · · · · · · · ·			3-2009 Date		
If signing on be	half of an entity:						
	yped or Printed Name						
••	/ F						

* * * FILING FEE: \$35.00 * * *