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COVER LETTER ,

FO: Registration Section Division of Corporations		
BENACH ANTIQUITIES, LLC		
N	ame of Limited	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change a	nd fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to th	ne following:
ROBIN JESSEN		
Name of Person		
C/O BENACH BEDFORD DEVELOPMENT		
Firm/Company		
9990 Coconut Rd., Suite 370		
Address		
Estero, FL 34135		
City/State and Zip Code	e	
rjessen@faplic.com		
E-mail address: (to be used for future a	annual report no	tification)
For further information concerning this mat	ter, please call:	
Robin Jessen	847 at (481-1839
Name of Person		Area Code & Daytime Telephone Numbe
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303
Enclosed is a check for the follow	ing 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 605.0114 or 605.0116. 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.

i. Na	ame of the limited liability company: BENACH ANTI	QUITIES, LL	.C
2. (47	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(1/_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	9990 Coconut Rd., Suite 370		
	Estero, FL 34135		
	2/25/2009	L0	9000018843
3.	Date of filing/registration in Florida	4.	Document number
5 ()			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida De	pt, of State:
	RONALD J. BENACH		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	17747 LAKE ESTATES DRIVE		·
	BOCA RATON, FI	33496	
		~ 	
(b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addre	<u>ss</u> :
	ROBIN JESSEN		
	NEW Registered Office Address:		
	9990 COCONUT RD., SUITE 370		
	ESTERO	34135	
	, FI	Lu	
change agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members elicles of organization or the operating agreement of the	registered of ability comp of the limited	office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in illity company.
Sien	Rah Jessen, Manager uture of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I d in writing of this change.	ree to act in performanced for in Cha hereby confi	this capacity. I further agree to comply with the se of my duties, and I am Jamiliar with and accept opter 605, F.S. Or, if this document is being filed firm that the limited liability company has been