L09000059790

Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A.
Account Number : 076624003440
Phone : (305)444-6226
Fax Number : (305)442-4829

REGISTERED AGENT CHANGE

BEDUINO, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$43.75

RECEIVED
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T. HAMPTON
SEP 17 2009
EXAMINER

H09000202314 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BEDUINO, 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:

LAURA KOHN
Name of Person

ARAZOZA & FERNANDEZ-FRAGA, P.A.
Firm/Company

2100 SALZEDO STREET, SUITE 300
Address

CORAL GABLES, FL, 33134
City/State and Zip Code

LAURA@ARAZOZA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA KOHN at (305) 444-6226 x 233
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

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: BEDUINO, LLC.

2. (a) Principal office address of limited liability company:

[X] *(Note: MUST BE STREET ADDRESS)* 3195 PONCE DE LEON BLVD STE 400 CORAL GABLES FL 33134

(b) Mailing address of limited liability company:

[X] *(Note: MAY BE POST OFFICE BOX)* 3195 PONCE DE LEON BLVD STE 400 CORAL GABLES FL 33134

06/19/2009 — 3. Date of filing/registration in Florida

L09000059790 — 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: LAW OFF OF CARLOS A. ROMERO JR., P.A.

Registered Office Address: 3195 PONCE DE LEON BLVD, STE 400 C/O POST & ROMERO CORAL GABLES FL 33134

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: ARAZOZA & FERNANDEZ-FRAGA, P.A.

NEW Registered Office Address: *(MUST BE FLORIDA STREET ADDRESS)* 2100 SALZEDO STREET, SUITE 300 CORAL GABLES ,FL 33134

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

David Wells Caitriona Sullivan

Printed or typed name of signer Authorized signatories of the sole member

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

FILED
09 SEP 16 AM 8:08
SECRETARY OF STATE
DIVISION OF CORPORATIONS

INHS118 (05/08)