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TO:

INHS18 (2/14)

Registration Section

Division of Corporations BEFETRYX INVEST LLC SUBJECT: 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: Munir Trad Name of Person Befetryx Invest LLC Firm/Company 535 E Sample Rd Address Pompano Beach, FL, 33064 City/State and Zip Code Befetryx@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Munir Trad Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: 2 \$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.

2.	(a)								
				_ (b) _					
·		Principal office address of limited liabili (Note: MUST BE STREET ADD	ty company:	_ (0)-		Mailing address (Note: MAY)			
		535 E Sample Rd Pompano Beach , FL , 33064 07/09/2009			535 E Sample Rd				
					Pompano Beach , FL , 33064				
					L0900066596				
3.		Date of filing/registration in Fl	orida	4.		Document n	umber		
5	(a)								
J.	(a)	Registered Agent and Registered Office shown of	on the records of t	he Florida D	ept. of Stat	- e:			
		Munir Trad							
		Registered Office Address (MUST BE FLO.	RIDA STREET A	DDRESS)		-			
		12367 NW 80th Place							
		Parkland	EI	33076		_			
			, FL			-			
	(b)						=1		
	(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	VEW Registered	Office addr	ess:	_	ALS SEE	2016 MAY	
							A H	X	
		Munir Trad				_	SSV	23	1
		NEW Registered Office Address:					EF-0		177
		535 E Sample Rd				<u>.</u>	RETARY OF STATE WHASSEE, FLORID	ט־	D
								સ 02	
		Pompano Beach	, FL	33064		_	⇒	2	
the age wa	cha ent w s/we	mited liability company is not organized nge or changes are made, the Florida strivill be identical. Or, in the case of a Florice authorized by an affirmative vote of the of organization or the operating agr	eet address of rida limited lia the members of	the registe bility com f the limite	ered office pany, it i ed liabilit	e and the bus s hereby conf sy company o	iness offi firmed th	ice of the	he registered change(s)
		Storesoel				Munir A. Tra	ad		
S	ignat	ure of a member or authorized representative of a	nember .			Printed or type	ed name of	signee	
pro the to i not	ovisie obli mere tified	by accept the appointment as registered ons of all statutes relative to the proper igations of my position as registered agely reflect a change in the registered office in writing of this change.	and complete j ent as provided	performan I for in Ch	ice of mỹ anter 602	duties, and I 5. F.S. Or. if	am famil this docu	liar wit ıment i	h and accept s being filed