Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

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RINGTE

LLC REGISTERED AGENT CHANGE BELLE MEADE LEN HOLDING'S, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

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.

1.	Na	ame of the limited liability company: BELLE MEADE LEN HOLDINGS, LI			LC	
2.		700 N.W. 107TH AVE	 (1	b)_	700 N.W	. 107TH AVENUE
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ``	-,_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)
		SUITE 400	_	_	SUITE 4	00
		MIAMI, FL 33172	_	_	MIAMI,	FL 33172
		10/16/2009		L	09000100	262
3.		Date of filing/registration in Florida	4.			Document number
5	(a)	CT CORPORATION SYSTEM				
٥.	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			e:	
		1200 SOUTH PINE ISLAND ROAD				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		PLANTATION	33324	_		2020
						<u> </u>
	(b)	Corporate Creations Network Inc.				<u>.</u>
		Enter name of NEW Registered Agent and/or NEW Registered (Office no	ddn	c11 :	_
		801 US Highway !				ę: 2. 2.
		NEW Registered Office Address:				
						
		North Palm Beach FL	33408			
age	nge nt v	mited liability company is not organized under the laws or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liability and authorized by an affirmative vote of the members of cles of organization of the operating agreement of the liability.	egister oility co the lin imited	ed omp nite liab	office an pany, it i ed liabilit pility con	d the business office of the registered is hereby confirmed that the change(s) is company or as otherwise provided in
<u>_</u> s	gnat	ure of a member or authorized representative of a member				Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to act in this capa provisions of all statutes relative to the proper and complete performance of my difference of my position as registered agent as provided for in Chapter 603, to merely reflect a change in the registered office address, I hereby confirm that it notified in writing of this change.						acity. I further agree to comply with the duties, and I am familiar with and accept S.F.S. Or, if this document is being filed the limited liability company has been
		Danielle Gossman, Special	Secreta	агу		
SIE	. PC: LUI	re of Registered Agosti				

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