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| (Re                     | equestor's Name)   |                 |
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| (Cit                    | ry/State/Zip/Phone | <del>:</del> #) |
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J. SAULSBERRY EXAMINER

MAY 14 2013

### **COVER LETTER**

TO: Registration Section

Division of Corporations

SUBJECT: BEQUEEN 36 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:

# MARIO GUZMAN

Name of Person

# G & G MANAGEMENT US LLC

Firm/Company

9130 S DADELAND BLVD STE 1509

Address

MIAMI, FLORIDA 33156

City/State and Zip Code

## MGUZMAN@GUZMANADGUZMAN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

# MARIO GUZMAN

, 305 G70199

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

2013 MAY 13 AM 8:

# 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: BEQUEEN  | 36 LLC   |   |  |  |
|--|--|---|--|--|
| 2. (a) Principal office address of limited liability c (Note: MUST BE STREET ADDRESS)  |  | any: LIBERTADOR 336 18 B (1001)  CAPITAL FEDERAL , OC 00 000 AR   |  |  |
|  |  |   |  |  |
| (b) Mailing address of limited liability company   |  | LIBERTADOR 336 18 B (1001)  CAPITAL FEDERAL, OC 00 000 AR   |  |  |
| (Note: MAY BE POST OFFICE BOX)   | CALITAL FEDERAL, GO GO GO  | - 2   |  |  |
|  |  | س س   |  |  |
| 3/10/2010  | L 10000026926  | Ti E Ti   |  |  |
| 3. Date of filing/registration in Florida  | 4. Document number   | · · · · · · · · · · · · · · · · · · ·   |  |  |
| 5. (a) Registered Agent and Registered Office sho  | own on the records of the Florid   | la Dept. of State:  |  |  |
| Registered Agent:  | KAHN DONLAD ESQ  | - C   |  |  |
| Registered Office Address:   | 317 71 ST STREET   | 5   |  |  |
| (b) Enter name of <u>NEW Registered Agent</u> and <u>NEW</u> Registered Agent:   | GUZMAN & GUZMAN P.A.   |   |  |  |
| NEW Registered Office Address:   |  | 9130 S DADELAND BLVD SUITE # 1509   |  |  |
| (MUST BE FLORIDA STREET ADDRES   | SS)  |   |  |  |
|  | MIAMI  | ,FL 33156   |  |  |
| If the limited liability company is not organized unconfirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the change members of the limited liability company or as the operating agreement of the limited liability company or as the operating agreement of the limited liability company or as the operating agreement of the limited liability company or as the operating agreement of the limited liability company or a member or authorized representative of a member  | le, the Florida street address of the identical. Or, in the case of the hange(s) was/were authorized by otherwise provided in the articles.                                    | the registered office<br>a Florida limited  |  |  |
| ELIZABETH VADOLJAK   |  |   |  |  |
| Printed or typed name of signee  | <del></del>  |   |  |  |
| I hereby accept the appointment as registered ages comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the hmited liability of the house o | nt and agree to act in this capa<br>to the proper and complete perfo<br>of my position as registered age<br>ed to merely reflect a change in<br>company has been notified in w | city. I further agree to<br>ormance of my duties,<br>nt as provided for in<br>the registered office<br>riting of this change. |  |  |
| Signature of Registered Agent  |  |   |  |  |
| Division of Corporations, P.O. FILING  | . Box 6327, Tallahassee, FL 3<br>FEE: \$25.00  | 2314  |  |  |