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SECRETARY OF STATE
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B. BOSTICK

JAN 2 5 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BECRUISIN Name of Limit	ed 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:
Name of Person BE CRUISING Firm/Company	
	!
80 SW 8TH STREE	SOUTE JEGO
MANIFL 3 City/State and Zip Code	3130 ASSEE, FLORI
E-mail address: (to be used for future annual report notifica	
For further information concerning this matter, p	lease call:
VOSE M. ARGOTE at a	(786) 280-8956 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 ar	
√ \$25 Filing Fee	\$55 Filing Fee & Certified Conv

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. liability company submits the following statement in ordagent, or both, in the State of Florida.	der to change its registered office or registered	
1. Name of the limited liability company: BEC	GRUISING TELCOM, L	
2. (a) Principal office address of limited liability compar	ny: 80 S.W. 8TH STREET	
(Note: MUST BE STREET ADDRESS)	SUITE 200 MIAM1 FL 33/30	
(b) Mailing address of limited liability company:	BOSW BTH STREET	
(Note: MAY BE POST OFFICE BOX)	MIANIFL 33130	
05-03-2010	L 10000046886	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:	
Registered Agent:	. JOSE M. ARGOTE	
Registered Office Address:	1580 WEST AVENUE	
	1580 WEST AVENUE Nº 303 MIAMIBEACH FL 33139	
(b) Enter name of NEW Registered Agent and/or NI	EW Registered Office address:	
NEW Registered Agent:	JOSE M. ARGOTE	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	80 SW STREET	
(MOST BE PLORIDA STREET ADDRESS)	M/Am/ ,FL 33130	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization	
Jase Clearetos	ly.	
Signature of a member or authorized representative of a member		
Printed or typed name of signee	S: 17	
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		