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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: BLUE BEET	LE III, LLC	
2.	(a)	765 Primera Blvd., Suite 1001	(b) 76	5 Primera Blvd., Suite 1001
-	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Lake Mary, FL 32746	Lal	ke Mary, FL 32746
		08/16/2011		000094186
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	Lindsay Latre		
	()	Registered Agent and Registered Office shown on the records o	f the Florida Dept.	of State:
		765 Primera Blvd., Suite 1001		20
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2019 OCT
		Lake Mary , F	32746	
	(b)	Luis Polo Gomez		3
		Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	
		765 Primera Blvd., Suite 1001		5
		NEW Registered Office Address:	,	
		Lake Mary , F	_L 32746	
the ag	e che ent v as/we	mited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registered liability compar of the limited li e limited liabili	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
_			Luis Po	lo Gomez
		ure of a member or authorized representative of a member		Printed or typed name of signee
I . pr the to no	herei ovisi e obl mere tified	by accept the appointment as registered agent and agons of all statutes relative to the proper and completing its assention of my position as registered agent as providely reflect a change in the registered office address, I fin writing of this change.	gree to act in the performance ed for in Chapt hereby confiri	its capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been
Si	gnatu	re of Registered Agent	-	

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

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