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| (Re | questor's Name) | |
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| (Cit | ty/State/Zip/Phone | ∍ #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nar | ne) |
| · (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

TO: Registration Section

| Division of Corporations | | |
|--|---|--|
| SUBJECT: Be Sweet LLC Name of L | imited Liability Company | |
| Dear Sir or Madam: | | |
| Dom Sir Or Widdin. | | |
| The enclosed Registered Agent/Registered O | ffice Change and fee(s) are submitted for filing. | |
| Please return all correspondence concerning t | this matter to the following: | |
| | | |
| Natalia G. Tapia Name of Person | | |
| Name of Person | | |
| | ALLAHASSEE, FLORID #3 | |
| Be Sweet LLC Firm/Company | A.S. | |
| Firm/Company | <u> </u> | |
| | | |
| 620 Bl nd street Apt. 7 | #3 🔛 🔛 | |
| Address | #3 | |
| | · - | |
| Miami Beach, FL 33141 City/State and Zip Code | | |
| City/State and Zip Code | | |
| | | |
| natalia @ nataliatapia. com E-mail address: (to be used for future annual report no | Attackan | |
| E-mail address: (to be used for future annual report no | outcation) | |
| For further information concerning this matter | r, please call: | |
| | | |
| Natalia G. Tapia | at (786) 529-6568 | |
| Name of Person | Area Code & Daytime Telephone Number | |
| 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 32301 | Tallahassee, Florida 32314 | |
| Enclosed is a check for the followin | g amount: | |
| \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy | |
| - 425 I IIII 5 I CC | = \$55 Fining Fee of Continued Copy | |

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: Be Swe | et LLC |
|--|---|
| 2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | 7: 5765 West 25ct. Apt.#21 Hialean, FL 33016 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| February 10, 2012 3. Date of filing/registration in Florida | <u>L12000019867</u> 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on the | the records of the Florida Dept. of State: |
| Registered Agent: | Natalia G. Tapia |
| Registered Office Address: | 5765 West 25ct. Apt. 2H |
| (b) Enter name of NEW Registered Agent and/or NEW | W Registered Office address: |
| NEW Registered Agent: | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 610 82 nd street Apt. 3 |
| | Migmi Beach ,FL 33141 |
| If the limited liability company is not organized under the l | lance of the State of Florida, it is hereby |
| confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company. | lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of |
| and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwi | lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of |
| and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company. | lorida street address of the registered office cical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of se provided in the articles of organization or |