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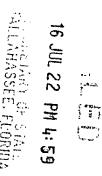
(Re	equestor's Name)	, <u>, , , , , , , , , , , , , , , , , , </u>
. (Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	<u> </u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



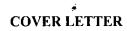
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Y SULKER



TO: 'Registration Section Division of Corporations		
SUBJECT: BESSEY and ASSOCIATES, 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:		
Dennis Bessey Name of Person Ressey Law, P.A. Firm/Company		
5793 Cape Harrown Drive Stellb Address		
Cape Coal, F2.33914 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Dennis Bessey at (238) 541-1372 Name of Person Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Close 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		

INHS18 (2/14)

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

Flori	da.
1. 1	Name of the limited liability company: BESSEY AND ASSOCIATES, LC
2. (a	5793 Cape HARBOUR Drive (b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5793 Cape HARBOUR DR. Ste. 116
	5793 Cape HARBOUR DR. Ste. 116 Cape Cornl / FL. 33914
	Date of filing/registration in Florida 4. Document number
3.	
5. (a) KENNIS J. BESSEY
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	376 Sp/1/4 Street
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	376 Solly Street Address
	Port Charlotte, FL 33854
(t	Denis T Resses
`	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	Dennis J. Bessey NEW Registered Office Address:
	NEW Registered Office Address:
	5793 Cope HARBULR Dr. Stell6
	Cupe Coral ,FL 33914
the cagen was/ the a	e limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after hange or changes are made, the Florida street address of the registered office and the business office of the registered twill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in rticles of organization or the operating agreement of the limited liability company. The printed or typed name of signee
_	reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
prov the o to m	reby accept the appointment as registered agent and agree to doe in this capacity. I juriner agree to comply with incisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ibligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed erely reflect a change in the registered office address, I hereby confirm that the limited liability company has been red in writing of this change.
Sign	ature of Registered Agent

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

INHS18 (2/14)