## L120000 37944

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APPROVED AND FILED 12 DEC -3 PH 1: 18 SECRETARY OF STATE TALLAHASSEE, FLORIE

D. BRUCE
DEC 0 4 2012
EXAMINER

Division of Corporations	
SUBJECT: Bay-tel LLC Name of Li	imited Liability Company
Dear Sir or Madam:	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the following:
Steven J. Beatty	
Bay-tel UC Firm/Company	
, ,	) <del>)</del>
4907 Rambling Rose	LL SETARY HASSE
Tampa, FL 33624  City/State and Zip Code	SECRETARY OF STATE ALLAHASSEE, FLORID,
PFOSODAY - Hel. CON E-mail address: (to be used for future annual report no	) <b>&gt;</b>
For further information concerning this matter	r, please call:
Steven Beatty Name of Person	at (813) 380 - 1226 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	g amount:
\$25 Filing Fee	□ \$55 Filing Fee & Certified 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: Bay- +	el LLC
2. (a) Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Hann O while Own Pl
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4907 Rambling Rose PL Tampa FL 33624
March 19; 2012	L120000 37944
	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	Steven J Beathy =
Registered Office Address:	4880 Bayhero \$ \$PL \$ 208 \$\frac{1}{2}\$\$\frac
(b) Enter name of <b>NEW Registered Agent</b> and/or- <b>NEW</b>	Registered Office address
<u><b>NEW</b></u> Registered Agent:	N/A DF 8
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	4907 Rambling Rose R  Tampa ,FL 33624
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	www. of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited
Steven J. Beatty Printed or typed name of signee	
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provision and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agept	

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