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THAMPTON

## COVER LETTER

TO: Registration Section Division of Corporations Queen Okeechobee 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: Mark Silverio Name of Person Silverio & Hall Firm/Company 255 8th Street Naples, Florida 34102 City/State and Zip Code MSILVERIO@SILVERIOHALL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mark Silverio Area Code & Daytime Telephone Number Name of Person 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 32314 Tallahassee, Florida 32301

□ \$55 Filing Fee & Certified Copy

🗘 \$25 Filing Fee

Enclosed is a check for the following amount:

## 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: QUEEN OKEECHOOK	BEE LLC	
2. (a) Principal office address of limited liability compan	y: 401 South County Road	
(Note: MUST BE STREET ADDRESS)	#3113	
	Palm Beach, Florida 33480	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. Box 850155	
	New Orleans, Louisiana 70185	
08/06/12	L12000075920	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florid	a Dept. of State:
		7, 73
Registered Agent:	Crenshaw, Phillip	- PS -
Registered Office Address:	1109 S. Congress Ave.	
	Suite D	
	West Palm Beach, FI 33406	S 6
(b) Distance of STONY Distance   1/ NO	XXIX	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Utilice ad	ين الط <del>idress</del> :
NEW Registered Agent:	Mark Silverio	2
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	255 8th Street	<u> </u>
MUST BE FLORIDA STREET ADDRESS)	Naples	FL 34102
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherw the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the tical. Or, in the case of a second was/were authorized by	he registered office a Florida limited y an affirmative vote of
Printed or typed name of signee	<del>-</del>	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability companies	agree to act in this capac oper and complete perfo osition as registered agei erely reflect a change in ny has been notified in wi	city. I further agree to winance of my duties, nt as provided for in the registered office riting of this change.
Signature of Registered Agent		

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