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COVER LETTER

Division of Corporations					
SUBJECT: BPK Consulting CCC Name of Limited Liability Company					
Truite of Bir	med Diagnity Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	to the following:				
BRIAN KEUPER Name of Person					
Bek Consulting Lie Firm/Company					
857 SW PREDMON COURT Address					
Port St. Weig FL 34986 City/State and Zip Code	<u> </u>				
E-mail address: (to be used for future annual repo	rt notification)				
For further information concerning this matter, please c	all:				
BRIAN KEIPER at (ENEE-613 (6FT				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314				
Tallahassee, Florida 32301	1 ananassee, Fiorida 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 Florida.

1. Na	ume of the limited liability company:	Herra	4,2.12	
2. (a)	BEKCosiltyce	(b)	SAME AS	(a)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ,,		nited liability company: OST OFFICE BOX)
	857 5W REDMONT COURT		<i>2</i>	
	Port ST. Lucis, FL 34986		Same	<u>as(ii)</u>
	Molsons		~15000119	10,10
3.	Date of filing/registration in Florida	4.	Document numb	er
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florida Dept. o	of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	INDECC)		
	\\	<u>IDDKESSI</u>		** *
	100 W Roadway Suite CA	<u>X</u>		Construction (1) Construction (1) Constr
	Slendale D	<u> 91310</u>		100
(b)	Beign Kepe			Day 212 No
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
	Bex Consulting, LLC			CT)
	NEW Registered Office Address:		 	
	857 SW Predrow Care	工		
	Port St. Lucie , FL	34986	<u> </u>	
If the li	mited liability company is not organized under the law nge or changes are made, the Florida street address of	vs of the State of	of Florida, it is hereby	confirmed that after
agent v	vill be identical. Or, in the case of a Florida limited lia	bility company	,, it is hereby confirme	ed that the change(s)
	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l			merwise provided in
	Sur lupa	R	Printed or typed nar	2
•	ure of a member or authorized representative of a member			
provisi the obl to mere	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete j igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	ee to act in this performance of I for in Chapte iereby confirm	s capacity. I further as f my duties, and I am f r 605, F.S. Or, if this that the limited liabili	ree to comply with the amiliar with and accept document is being filed ty company has been
Signatur	re of Registered Agent			
~ -0				