Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE BELLECONOMIC MANAGEMENT GROUP, LLC

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Electronic Filing Menu

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: BELLECONO	MIC MANAGEMENT GROUP, LLC	
2. (a) Principal office address of limited liability comparing (Note: MUST BE STREET ADDRESS)	any: 9150 Chiantí Ct Boynton Beach, Florida 33472	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	9150 Chianti Ct Beynton Beach, Florida 33472	The second second
1/14/2016	L16000010336	70 7
3. Date of filing/registration in Florida	4. Document number	<u> </u>
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida De	ot. of State:
Registered Agent:	CORPORATE REGISTERED	GENT SERVICES LLA
Registered Office Address:	1054 GATEWAY BLVD, SUIT BOYNTON BEACH, FL 33426	
(b) Enter name of <u>NEW Registered Agent</u> and/or N	EW Registered Office addres	\$:
NEW Registered Agent:	Business Filings Incorporated	
NEW Registered Office Address: (MUST BE FLORIDA STREET-ADDRESS)	1200 South Pine Island Road	
	Plantation	FI_33324
	rantation	F1 33324
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company of as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the re- entical. Or, in the case of a Flor (s) was/were authorized by an a	gistered office ida limited offirmative vote of
Mario Pelagalli, Manager		
Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 605, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability comp	l agree to act in this capacity, proper and complete performa position as registered agent as nerely reflect a change in the r any has been notified in writing	I further agree to ice of my duties, provided for in egistered office of this change.
Mark Williams, AVP Business Filings Incorp Signature of Registered Agent	porated	
	nszi Inumnecen HI 57514	

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

INHS18 (12/13)