## 

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



600287090736

06/22/16--01010--003 \*\*25.00



JUN 23 2016 S. YOUNG

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BE MY GUEST, LLC	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
PHILIPPE BOUTBOUL	
Name of Person	
Firm/Company	
1100 WEST AVENUE #1426	
Address	
MIAMI BEACH, FL 33139	
City/State and Zip Code	
DAYBOOKS@HOTMAIL.COM	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	call:
ELIZABETH MONTEALEGRE	305 205-3955
Name of Person	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 amoun	nt:
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INIIS18 (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	me of the limited liability company: BE MY GUES	T, LL	LC			
2.	(a)	BE MY GUEST, LLC		(b)	BE MY C	BUEST, LLC	
	(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	(-)	N	failing address of limited liability con (Note: MAY BE POST OFFICE E	
		1100 WEST AVENUE #1426			5042 WII	SHIRE BLVD #23225	
			_				
		MIAMI BEACH, FL 33139	_		LUS AND	GELES, CA 90036	
		APRIL 13, 2016		L	.1600007	1 <b>7</b> 17	
3.		Date of filing/registration in Florida	4.	-	3	Document number	ء حسد
5.	(a)	PHILIPPE BOUTBOUL					50°
٠.	(**)	Registered Agent and Registered Office shown on the records of the	he Flor	rida I	Dept. of State:	:	16 小型 22 图 11:02
		Registered Office Address [MUST BE FLORIDA STREET A	DDRE	<u>(SS)</u>			严
		5600 COLLINS AVENUE, STE 5W					=
		MIAMI BEACH	3314	140			0.2
		NEW Registered Office Address:		<del></del>			
		505 NE 30TH STREET, 302					
		MIAMI , FL	3313	7			
the age was	chai nt w /we	mited liability company is not organized under the law nge or changes are made, the Florida street address of a ill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of these of organization or the operating agreement of the limited liable.	the reposition the limited in the li	giste con imit d lia	ered office npany, it is ed liability ibility com	and the business office of the hereby confirmed that the cha company or as otherwise prov	registered nge(s)
Si	gnati	are of gracing of airthorized representative of a member	-	1 111		Printed or typed name of signee	<del></del>
pro the to n noti	visio obli nere ified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect he change in the registered office address, I he in writing of this change.	perfor I for in	rmai n Cl	ice of my d iapter 605.	uties, and I am familiar with a F.S. Or. if this document is b	md accept eing filed
-0-	·-•	Division of Corporations a P.O. R	or 63	27-	Tallaheee	aa FI 3731 <i>4</i>	

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