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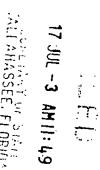
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COVER LETTER

TO: Registration Section Division of Corporations	•			
SUBJECT: Ranco EnTerprises Son Name of Lin	nited Liability 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:			
Edward D Banas Name of Person Banco Enterprises Soll Ecst Firm/Company				
15720 Arabica way Address MajTuesle F/ 34756 City/State and Zin Code				
City/State and Zip Code Eddie = b - jr @ /ahoo · Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Edward Bangs at				
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 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 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: Benco EnTemprise	es South	ERST LLC	
2. (a)	15720 Arabián Wey (b) /	16309	C.K.455	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		dress of limited liability MAY BE POST OFFIC	
	Monticule A 34756	MajTuca	Le F1 3	4756
	6/1/16	L/6000/	06205	
3.	Date of filing/registration in Florida 4.	Docume	ent number	
5. (a)	Legaline Cosposite Scivices inc. Registered Agent and Registered Office shown on the records of the Florida Dept.			
	_	of State:		
	Fregistered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	Suita 400			
	Fort Myers F1. 33907	<u> </u>	n:	
	,		17	
(h)	Edward D Banes			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		JUL -3	•
	15720 Arabin way			r:
	NEW Registered Office Address:	·	AM II:	· · · ·
	•		7. 4.5	***
			, <u> </u>	
	MonTreile FL 3475	-6		
If the li	imited liability company is not organized under the laws of the State	of Flo rid a, it is	s hereby confirmed	that after
the char	nge or changes are made, the Florida street address of the registered will be identical. Or in the case of a Florida limited liability compar	l office and the	business office of the	he registered
was/wc	re authorized by an affirmative vote of the members of the limited 1	iability compar	ny or as otherwise p	rovided in
ine artie	eles of organization or the operating agreement of the limited liabili		0	
Signat	ure of a member or authorized representative of a member	Printed of	r typed name of signee	
I hereb	by accept the appointment as registered agent and agree to act in th	is capacity. I f	urther agree to com	ply with the
provision the oblit to mere	ons of all statutes relative to the proper and complete performance of igations of my position as registered agent as provided for in Chaptally reflect a change in the registered office address, I hereby confirm I in writing of this change.	of my duties, år er 605, F.S. Oi n that the limite	nd I am familiar wit r, if this document i ed liability company	h and accept s being filed has been
Signatur	re-of-Registered Agent			
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