## 118000 157291

(Req.	uestor's Name)	
(Addi	ress)	
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(City/	/State/Zip/Phone	e #)
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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Bella Me Name	e of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Name of Person		
Bella Menus		
Firm/Company		
14824 Enclave Pa	s Circle C3	
De / ray Bene / City/State and Zip Code	1 33484	
H-mail address: (to be used for future annu	ual report notification)	
For further information concerning this matter,	please call:	
David J Korne Name of Person	at (561) 847 - 6772  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	

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BUTH FU LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comparsubmits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

ru	iriua.
١.	Name of the limited liability company: 1.3c / a / 7c / 12 /
2	(a) (b)
<b>~</b> .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	14824 Enclave Pre: Circ3 14824 Enclave Pres Cir. C
	Delray Beach, FL 33484 Delray Beach, FL 33484
	$\frac{6/27/2c/8}{\text{Date of filing/registration in Florida}} \qquad \frac{L/800015729}{\text{Document number}}$
3.	Date of filing/registration in Florida 4. Document number
5.	(a) United 5tate Con Asents Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	TAMPA
	FL336/2 UJ
	(b) DAVIS J KARE
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	14824 Enclared Pros. Circle C3
	Delray Beach
	FL 37484
the ag	the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after e change or changes are made, the Florida street address of the registered office and the business office of the register ent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) is/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in a articles of organization or the operating agreement of the limited liability company.
	Signature of a member or authorized representative of a member  Printed or typed name of signee
pr the to no	hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and access obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been tified in writing of this change:
Z	gnature of Registered Agent

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