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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. (2)

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LLC REGISTERED AGENT CHANGE BENBELLA PROPERTIES LLC

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(i)

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	ame of the limited liability company: Benbella	Properties	LLC	
2. (a)	105 SIENA PLACE	(b) 4014 AVENUE U		
2. (a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limite (Note: MAY BE POS	
	NORTH PORT, FL 34287	BROOM	KLYN, NY 112	234
	07/11/2018	L180001		
3,	Date of filing/registration in Florida	4.	Document number	
5. (a)	KINKOV, ILYA		_	
, ,	Registered Agent and Registered Office shown on the records of	the Florida Dept of State	n •	91 YUK 118
	105 SIENA PLACE			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Registered Office Address	ADDRESS)	_ [# 	16
			•	<u>></u>
	North Port	34287	[]*	£ 39
			- • ·	39
(b)	Registered Agents Inc.		_	
, ,	Enter name of NEW Registered Agent and/or NEW Registered	d Office address		
	3030 N. Rocky Point Dr.			
	NEW Registered Office Address		-	
	STE 150A		.	
	Tampa	33607	_	
the cha agent was/w the art	simited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registered office iability company, it is of the limited liabilit	e and the business of s hereby confirmed y company or as of	office of the registered I that the change(s)
Siene	nure of a member or authorized representative of a member	Triey Faik	Printed or typed name	of signee
I here provis the ob- to mer notifie	thy accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide yelv reflect a change in the registered office address, I discorriing of this change. Bill Havre -Preside	e performance of my ed for in Chapter 603 hereby confirm that	aunes ana camai	miinar waa ana accen
Signati	ire of Registered Agent			