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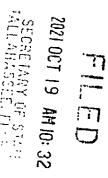
(R	equestor's Name)			
(A	ddress)			
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(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

	istration Section sion of Corporations				
SUBJECT:	Be Design FF&E LLC				
oommer.	Name of Limited Liability Company				
Dear Sir or N	Madam:				
The enclosed	d Registered Agent/Registered Offi	ce Change	and fec(s) are submitted for filing.		
Please return	all correspondence concerning thi	s matter to	the following:		
Elmar Benavo	ente				
	Name of Person	-			
Be Design FF	&E LLC				
	Firm/Company				
150 East Bocc	a Raton Road				
	Address				
Boca Raton, F	FL 33432				
	City/State and Zip Code				
elmar@be-de:	sign.net				
E-mail	address: (to be used for future annu	ial report n	otification)		
For further in	nformation concerning this matter,	please call:			
Elmar Benave	ente	561 at (362-6408		
	Name of Person	at (Area Code & Daytime Telephone Number		
Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Encl	osed is a check for the following	amount:			
⊒ \$3	25 Filing Fee		S55 Filing Fee & Certified Copy		

INHS18 (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.

L N	lame of the limited liability company: Be Design FF&I	E LLC	
2. (a)	150 E Boca Raton Road, Boca Raton, FL 33432	(b) 15	50 E Boca Raton Road, Boca Raton, Fl. 33432
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	August 3, 2018	LIS	000186961
3.	Date of filing/registration in Florida	—	Document number
5. (a'	Elmar Benavente		
5. (a)	Registered Agent and Registered Office shown on the records o	the Florida Der	or, of State:
	170 E Boca Raton Road, Suite 1; Boca Raton, FL 33432	2	
	Registered Office Address MUST BE FLORIDA STREET	TADDRESS)	
			·
	, F	`L	
(b)			TALL THE PANIO: 32 TALL THE STATE OF ST
(0)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address	
			S 5 5 T
	NEW Registered Office Address:		S. 6.
	150 E Boca Raton Road,		
	Boca Raton,	L_33432	
change igent vas/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited Fere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered of lability compator of the limited	ffice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
Sign	nure of a member or authorized representative of a member	, _,	Printed or typed name of signee
provis he ob o mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	ree to act in to performance ed for in Chap hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept ster 605, F.S. Or, if this document is being filed m that the limited liability company has been

Signature of Registered Agent