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From:

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

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## **Division of Corporations**

## THE BELEM GROUP LLC

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## 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.

ru	жаа		_		
i.	Na	me of the limited liability company: The Bele	m Gro	oup Ll	<u>-C</u>
2.	(a)	7901 4th St N	(b)	7901 4	th St N
	. , .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ , ,	N	Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Suite 300		Suite 30	00
		St. Petersburg, FL 33702	<del></del> .	St. Pete	ersburg. FL 33702
		10/23/2018	_	L180002	48708
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	United States Corporation Agents, Inc			
	(/	Registered Agent and Registered Office shown on the records of t	the Florida f	Dept. of State	4
		5575 S Semoran Blvd			
		Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)		
		Suite 36			
		Orlando FL	32822		
	(b)	Registered Agents Inc.			FILL Man oct 23
	(12)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	1 23 T
		7901 4th St N			TO TO
		NEW Registered Office Address:			C
		STE 300			CHICA STATE OF THE
		St. Petersburg	33702		
the age	ent w is/we	mited liability company is not organized under the lavinge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited liare authorized by an affirmative vote of the members of organization or the operating agreement of the	the regist ability cor of the limit limited hi	ered office npany, it is ted liability ability con	and the business office of the registered hereby confirmed that the change(s) y company or as otherwise provided in
_	K Signat	ure of a member or authorized representative of a member	RII	ey Park	Printed or typed name of signee
I i pro the to	heret ovisie e obli mere	oy accept the appointment as registered agent and agreen of all statutes relative to the proper and complete gations of my position as registered agent as provide its reflect a change in the registered office address, the griting of this change.  Bill Havre - Assistan	performa d for in C. hereby coi	nce of my d hapter 605 nfirm that i	acity. I further agree to comply with the duties, and I am familiar with and accep . F.S. Or. if this document is being filed
Si	gnutu	e of Registered Agent			