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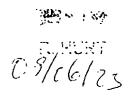
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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: Beatrile Fr.	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Juliz Fanzl	<u>-</u>
Fanelli Law Firm/Company	
180 Fountair	n Akwy M. Snite 100
St. Peters du City/State and Zip Code	179, FL 33716
E-mail address. (to be used for future ann	nual report notification)
For further information concerning this matter,	please call:
Lusan Willox	at (813) 384-4826
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	ime of the limited liability company: Blatik Entitle Entitle LLC
2. (a)	(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)
	4017 W. Sailla St 11017 W. Saliki St
	Tampr, FZ 33629 Tamps FZ 3362.
	<u>049,000</u> L20000319619
3.	Date of filing/registration in Florida 4. Document number
5. (a)	Fanelli Law Firm PA
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	- Marine
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	The same of the sa
	180 Pountain TRWY N. / NAW
	NEW Registered Office Address:
	SEP SEP
	St Patrisburg, FLPT
the cha agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the thange(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company.
Signat	ure of a member or authorized representative of a member Printed or typed name of signee
provisi the obli to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the consort of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 603, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.
	Megistered agent is not
Signatur	re of Registered Agent White in the second
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00