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(Nequestors (Name)				
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(1001000)				
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	Bee Inspired Market LLC CT:				
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.		
Please	return all correspondence conçernin	g this matter to the	following:		
Cacol F	Behrens				
	Name of Person				
Bee Ins	pired Market LLC				
	Firm/Company				
2807 S _I	pring Meadown Dr				
	Address				
Plant C	ity Fl 33566				
-	City/State and Zip Coo	de	_		
beeinsp	oiredmarket@gmail.com				
E	-mail address: (to be used for future	annual report notif	ication)		
For fur	ther information concerning this ma	itter, please call:			
Carol B	Behrens	847 at (477-5802)		
	Name of Person		Area Code & Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the follow	ving amount:			
	☐ \$25 Filing Fee	≱ s:	55 Filing Fee & Certified Copy		
INHST	3 (2/14)	1			

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.

	ame of the limited liability company: Bee Inspired Mark 2807 Spring Meadown Dr Plant City Fl 33566	-	pring Meadown Dr Plant City Fl 33566
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
 (a) 	Date of filing/registration in Florida Carol Czerwinski	4.	Document number
(-)	Registered Agent and Registered Office shown on the records of the		State:
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	MZ1 JUH 14 AM 4: 31 The Library Fredrich
	, FL_		
(b)	Carol Behrens		Logar
	Enter name of NEW Registered Agent and/or NEW Registered (Office address:	P
	NEW Registered Office Address:		
	FL		
change agent : was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the rwill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of it less of organization or the operating agreement of the I	registered office bility company, i f the limited liabi	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
(Krist.	Carol Czerwir	
I here provis the ob- to mer notifie	nury of a member or authorized representative of a member by accept the appointment as registered agent and agreions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address. I have in writing of this change.	re to act in this co performance of n for in Chapter 6 ereby confirm th	Printed or typed name of signee apacity. I further agree to comply with the sy duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been