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City/State/Zip

Phone #

Office Use Only

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☐ Walk in ☐ Pick up time	Certified Cop	 py
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NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION	2001 JUL
OTHER FILINGS	REGISTRATION/QUALIFICATION	SS
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	, , , ,
2F031/7/07)	Examiner's Ini	tials

CR2E031(7/97)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited iability company submits the following statement in order to change its registered office or registered igent, or both, in the State of Florida.		
1. The name of the limited liability company is: Belietagles 1		
2. The mailing address of the limited liability company is: 140 Short Star haut Rook		
Satruma, Florida 32189		
Marsh 26, 2001 3. Date of filing/registration in Florida MO100000993 4. Document number		
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State. Name How bounded address of the pew registered agent and/or office:		
Brack State address (P.O. Box NOT acceptable) Signature FL 32189 City, State and Zip		
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member of attendized representative of a trember)		
THOMAS J. ARRIGOMIC. (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.		
(Signature of Registered Agent)		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00