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SHOWLASSEE, FLORIDA

K.SALY EXAMINER NOV 27 2013

COVER LETTER

Registration Section TO: **Division of Corporations** Beara Capital LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Richard D'Amico Name of Person ParaSearch Firm/Company 222 Jefferson Blvd Warwick, RI 02888 City/State and Zip Code KMURPHY@KBMLAWOFFICES.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Richard D'Amico Name of Person STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

Enclosed is a check for the following amount:

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 liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

uger	n, or boin, in the blute of 1 tortuu.		
1. N	Name of the limited liability company: Bears Capital LLC		
2 (a) Principal office address of limited liability compa	nv· 2 Altieri Wev	<i>></i> ,
((Note: MUST BE STREET ADDRESS)	Warwick, RI 02886	
			75 2
((b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2 Altieri Way	26
`		Warwick, Rt 02886	10/24 10
			10 Sty -
		**************************************	~~ U
05/13/2009		M08000002250	64
3. I	Date of filing/registration in Florida	4. Document number	6
5.	(a) Registered Agent and Registered Office shown o	n the records of the Florida I	Dept. of State:
	Registered Agent:	Corporation Service Company	
	Registered Office Address:	1201 Hays Street	
	registered Ciffee radioss.	Tallahassee, FL 32301	
	b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW Registered Agent</u> :	Registered Agent Solutions, Inc	
	NEW Registered Office Address:	155 Office Plaza Drive	
	(MUST BE FLORIDA STREET ADDRESS)	Sulte A	·
		Tallahassee	,FL 32301
and liab the	the limited liability company is not lorganized under the firmed that after the change or changes are made, the the business office of the registered agent will be ideality company, it is hereby confirmed that the change members of the limited liability company or as other operating agreement of the limited liability company attractors a member or authorized representative of a member	e laws of the State of Florida Florida street address of the entical. Or, in the case of a F (s) was/were authorized by a wise provided in the articles	a, it is hereby registered office lorida limited n affirmative vote of of organization or
	John M. Murphy ted or typed name of signee		
I he con and Cha	ereby accept the appointment as registered agent and the plant of the provisions of all statutes relative to the I am familiar with and accept the obligations of my apter 608, F.S. Or, if this document is being filed to be ress, I hereby confirm that the limited liability comp	l agree to act in this capacity proper and complete perforn position as registered agent merely reflect a change in the any has been notified in writi	v. I further agree to nance of my duties, as provided for in e registered office ing of this change.
1	segistened Agent Solutions, Frc. By:	This P.OZ	
aigr	nature of Registered Agent	D'Amica / Assist So.	}

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00