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(((H18000178534 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC REGISTERED AGENT CHANGE BENHOME GP LLC

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## H18000178534

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

1. The name of the limited liability company is: Be	enhome GP LLC		
2. (a) Principal office address of the limited liability comap	ny: 22 LONGVIEW LANE		
(Note: MUST BE STREET ADDRESS)	CHAPPAQUA NY 10514		
(b) Mailing address of limited liability company:	22 LONGVIEW LANE	22 LONGVIEW LANE	
(Note: MAY BE POST OFFICE BOX)	CHAPPAQUA NY 10514		
1/3/2011	M1100000014		
<ol> <li>Date of filing/registration in Florida</li> <li>(a) Registered Agent and Registered Office sho</li> </ol>	Document number with on the records of the Florida Dept. of State	ate:	
Registered Agent:	BROWN, NATHAN DESQ.	BROWN, NATHAN DESQ.	
Registered Office Address:	2255 GLADES ROAD, SUITE 421 ATRIUM		
	BOCA RATON FL 33431-7360		
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:		
NEW Registered Agent:	Corporate Creations Network Inc.	2:	
NEW Registered Office Address:	11380 Prosperity Farms Road #221E		
(MUST BE FLORIDA STREET ADDRESS)			
	Palm Beach Gardens Fl. 33410	<del></del>	
If the limited liability company is not organized under the lor changes are made, the Florida street address of the regist identical. Or in the case of a Florida limited liability compan affirmative to be of the members of the limited liability company.  (Signature of a member of authorized representative of a member.)	tered office and the business office of the registered a pany, it is hereby confirmed that the change(s) was/w company or as otherwise provided in the articles of or	agent will be	
Caitlin Lazarus, Attorney in Fact (Printed or Typed name of signice)			
I hereby accept the appointment as registered agent and ug of all statutes relatively the proper and complete performa my position as registered agent as provided for in Chapter in the registered office address, I hereby confirm that the lit	nce of my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed to merel nited liability company has been notified in writing t	the optigations of	
(Signature of Registered Agent) Caitin Lazarus,	Special Secretary		
INHS18(1099) Division of Corporations, P.C	D. Box 6327, Tallahassee, FL 32314	1	
Corporate Creations International Inc.		14 <u>23-</u> 2 - ***	
11380 Prospedty Farms Road #221E Palm Beach Gardens FL 33410			
(561) 694-8107		150 150	
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