Division of Corporations

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To:

Division of Corporations

Pax 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 BONELLI ENTERPRISES-SE, LLC

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Page Count	02
Estimated Charge	\$25.00

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MAY 0 1 2020

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

1. The name of the limited liability company is: Bonel	li Enterprises - SE LLC
2. (a) Principal office address of the limited liability company:	102 Main St
(Note: MUST BE STREET ADDRESS)	Pella, IA 50219
(b) Mailing address of limited liability company:	102 Main St
(Note: MAY BE POST OFFICE BOX)	Pella, 1A 50219
7/2/2018	M18000006102 - P
3. Date of filing/registration in Florida	4. Document number
5.(a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State is
Desistand Aparts	Corporation Service Company
Registered Agent: Registered Office Address:	1201 Hays Street
	Tallahassee, FL 32301-2525
(b) Enter name of NEW Registered Agent and/or NEW I	Registered Office address:
NEW Registered Agent:	Corporate Creations Network Inc.
NEW Registered Office Address:	801 US Highway 1
(MUST BE FLORIDA STREET ADDRESS)	
	North Palm Beach FL 33408
or changes are made, the Florida street address of the registere identical. Or, in the case of a Florida limited liability company	s of the State of Florida, it is hereby confirmed that after the change d office and the business office of the registered agent will be y, it is hereby confirmed that the change(s) was/were authorized by pany or as otherwise provided in the articles of organization or
(Printed or Typed name of signee)	
of all statutes relative to the proper and complete performance my position as registered agent as provided for in Chapter 60:	to act in this capacity. I further agree to comply with the provision to fmy duties, and I am familiar with and accept the obligations of S.F.S. Or, if this document is being filed to merely reflect a change and liability company has been notified in writing of this change.
Division of Corporations, P.O. 1	Box 6327, Tallahassee, FL 32314
INHS18(10/99)	
Corporate Creations International	
801 US Highway 1 North Palm Beach FL 33408	