

N11000001186

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
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Account Number : 120000000121
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TALLAHASSEE, FLORIDA

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Email Address: TSHING@RALAW.COM

**REGISTERED AGENT CHANGE
THE BEACON NETWORK, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
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RA Change

Electronic Filing Menu

Corporate Filing Menu

Help

12-7-11
DC



December 2, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THE BEACON NETWORK, INC.
380 S. STATE ROAD 434 STE 1004 #334
ALTAMONTE SPRINGS, FL 32714

SUBJECT: THE BEACON NETWORK, INC.
REF: N11000001186

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE CORPORATE NAME SHOULD APPEAR IN SECTION #1 OF THE DOCUMENT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

FAX Aud. #: H11000282900
Letter Number: 511A00027079

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Beacon Network, Inc.
Name of Corporation

DOCUMENT NUMBER: N11000001186

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tae Shin
Name of Contact Person

Roetzel & Andress
Firm/Company

420 S. Orange Avenue, 7th Floor
Address

Orlando, FL 32801
City/State and Zip Code

tshin@ralaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tae Shin at (407) 245-2452
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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(((H11000282900 3)))
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
 FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Beacon Network, Inc.
2. The principal office address: 380 S. State Road 434 Ste 1004 #334, Altamonte Springs, FL 32714
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/27/2011 Document number: N11000001186
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Catalina Carrion (Resigned)

380 S. State Road 434 Ste 1004 #334

Altamonte Springs, FL 32714

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Tae Shin

Roetzel & Andress, 420 S. Orange Avenue, 7th FL

P.O. Box NOT acceptable

Orlando, FL 32801

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



 Signature of an officer or director

Aurora Realin

 Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



 Signature of Registered Agent

12/1/2011

 Date

If signing on behalf of an entity:

 Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
 CR2E045 (8/05)

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