N16000000655

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COVER LETTER

TO:

Amendment Section Division of Corporations

_{SUBJECT:}Be a Rose, Inc.

Name of Corporation

DOCUMENT NUMBER: 81-1279744

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:

Christine Mwangi

Name of Contact Person

Be a Rose, Inc.

Firm/Company

6026 Kalamazoo Ave. SE #129

Address

Grand Rapids, MI 49508

City/State and Zip Code

info@bearose.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Mwangi

,443 \722 9913

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





FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2017

CHRISTINE MWANGI 6026 KALAMAZOO AVE.,SE #129 KENTWOOD, MI 49508

SUBJECT: BE A ROSE, INC. Ref. Number: N16000000655

We have received your document for BE A ROSE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

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) 245-6050.

Letter Number: 517A00000744

Carol Mustain Regulatory Specialist II

www.sunbiz.org

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chai	nge is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of <u>Floricla</u> . Pred agent, or both, in the State of Florida.	
	he corporation: Be a Rose, Inc.	,	
2. The principal	office address: 11150 4th St. N. #	3308	
	sburg, FL 33716	Ave CE #100	
	_{ddress (if different):} 6026 Kalamaz Rapids, MI 49508	00 Ave. SE #129	
4. Date of incorp	poration/qualification: June 16, 201	6 Document number: 81-1279744	
5. The name and		gent and registered office on file with the	
	11150 4th St. N. #3308		
	St. Petersburg, FL 33716		
		35. 2	
6. The name and (if changed):	I street address of the new registered ager	nt (if changed) and /or registered office	
•	10460 Roosevelt Blvd. Nortl	#170	
	St. Petersburg, FL 33716-38	321	
	P.O. Box NOT		
The street addre	ess of its registered office and the street be identical.	address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been no	by its board of directors or by an officer so tified in writing of the change.	
	re of an officer or director	Christine Mwangi, President Printed or typed name and title	
I hereby accept I further agree t	the appointment as registered agent an to comply with the provisions of all state my duties, and I am familiar with and a	d agree to act in this capacity.	
	Wig.	January 05, 2017	
	nature of Registered Agent	CM Date	
If signing on be	half of an entity:		
Ty	yped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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