P07000126733

(Requestor's Name)
(Address)
(Address)
. (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
:

Office Use Only



400119504544

09/06/08--01021--001 **35.00

08 MAR -6 AM 10: 11
SECRETARY OF STATE
AHASSEE FLORIDA

R.A. Charge

G. CoulHette MAR 0 7 2008

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: BECCURR HOLDINGS INC. (Name of Corporation)
DOCUMENT NUMBER: P07000126733
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:
Michael Curran (Name of Contact Person)
Aunt Louises Pizzen II— Suffirm/Company)
West Melbourne, FL 32904 (City/State and Zip Code)
West Melbourne FL 32904 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael Curran at (8/3) 695 - 6363 (Name of Contact Person) at (8/3) 695 - 6363 (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

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

Pursuant to the provision statement of change is s	ubmitted for a corpora	tion organized under t	he laws of the State (of Florida	
in order to cha	mge its registered offic	,	or both, in the State o	of Florida.	
The name of the corp The principal office a		Ailler DRIVE	Sebastian,	FL 32958	
3. The mailing address ((if different): (Sau	ne as above)			
4. Date of incorporation	/qualification: /2/	20 / 2007 Docur	ment number:		
5. The name and street a Florida Department of		egistered agent and reg	istered office on file	with the	
_//	Nichael F. Cunn	n		•	
	13 Miller Daive			·	
_5	bastian, FL	32958		<u>-</u>	
6. The name and street a (if changed):	1	stered agent (if change	d) and /or registered	MAR - PRETAI AHAS	T
	70 Minton Ra	OT acceptable)		6 AMIC SEE.FL	
_1/4	est Melbaume.	FL 32904		- STATE	ھ
The street address of it as changed will be iden	s registered office and itical.	the street address of t	the business office of	of its registered agent,	
Such change was authorized by the board	orized by resolution du i, or the corporation h	ıly adopted by its boar as been notified in wr	rd of directors or by iting of the change.	an officer so	-1
Signature of and	() () () () () () () () () () () () () (Mich	Printed or typed name	- President	
I hereby accept the apple of further agree to composite of my duties, and I am document is being filed corporation has been not be a second of the corporation of the corporation has been not b	ply with the provisions familiar with and acco I merely to reflect a ch	of all statutes relative ept the obligation of m nance in the registered	act in this capacity. e to the proper and ty position as regist t office address, I he	complete performance ered agent. Or, if this ereby confirm that the	
(Signature of	Registered Agent) an entity:		(Date)		
(Typed or F	rinted Name)				

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