## P9700000006

(Re	questor's Name)		
(Ad	dress)		
<b>(</b>	,		
(Ad	Idress)		
	ty/State/Zip/Phone	- 46	
(Ci	ty/State/Zip/Priorie	e #3	
PICK-UP	TIAW [	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies	S Certificates of Status		
Special Instructions to	Filing Officer:		
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Office Use Only



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## **COVER LETTER**

TO:	Amendment Sec Division of Cor	ction porations					
SUBJ	ECT:	Benore Vent					
		(Name of C	Corporation)				
DOC	UMENT NUMBE	cr:P9700000	0006	<u> </u>			
The en	nclosed Statement	of Change of Registered Office	ce/Agent and fee are submitted for	r filing.			
		ondence concerning this matte					
	William Beasley						
		(Name of Co	ontact Person)				
		(Firm/C	ompany)	<del></del>			
		1 Oakwood E	Blvd, Suite 200				
			dress)				
		Hollwood	Florida 33020				
	<del></del>		and Zip Code)				
For fi	urther information	concerning this matter, please	· ·				
	Nikki	Sepulvado	et / 954 \ 775-4978	3			
	(Name o	f Contact Person)	at ( 954 ) 775-4978 (Area Code & Daytime To	elephone Number)			
Enclo	sed is a \$35.00 ch	eck made payable to the Depar	rtment of State.				
		Mailing Address: Amendment Section	Street Address: Amendment Section				
		Division of Corporations	Division of Corpora				
		P.O. Box 6327	Clifton Building				
		Tellahassas El 22214	1661 Evaportiva Can	tor Circle			

Tallahassee, FL 32301

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

statement of chan	ge is submitted for a c	corporation organized	07.1508, or 617.1508, Florida $S$ under the laws of the State of $\_$ agent, or both, in the State of $F$		<b>-</b>
1. The name of th	e corporation:	Benore V	entures, Inc		
2. The principal of	d Blvd, Suite 200				
		Hollywood	, Florida 33020		
3. The mailing ad	dress (if different):				
4. Date of incorpo	oration/qualification: _	1/1/1997	Document number: P97000	000006	
5. The name and Florida Depart		urrent registered agen	and registered office on file wit	th the	
		Shelby R. Min	าร	_	
·	10	akwood Blvd,	Suite 200	- , ,	
·	Но	ollywood, Florid	a 33020	DS SI	- T-
6. The name and (if changed):	street address of the ne	ew registered agent (i	f changed) and /or registered off	. 255 255 375 375 375 375 375 375 375 375 375 3	
-		Hugh McNe	w		
		07 NE 195th S	Street	8: 26 STATIL CORNE	* Company
		o. Box NOT acceptable) Miami Beach, I	Florida 33179	<b>D</b>	
The street address as changed will be	ss of its registered off be identical.	ice and the street add	dress of the business office of it	ts registered agen	nt,
•		ntion duly adopted by	its board of directors or by an ed in writing of the change.	officer so	
Signatur	e of an officer of director)		Brandon Samuels		_
I hereby accept to	the appointment as re	visions of all statutes nd accept the obliga ect a change in the re	gree to act in this capacity, is relative to the proper and contion of my position as registere egistered office address, I herel	nnlete nerforma	ice his he
1 the		· ·	September 15,	2005	_
. •	nature of Registered Agent)		(Date)		_
If signing on beh	nalf of an entity:				
	gh McNew				
117	vped or Printed Name)				

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