P980000833801

		`
• (Re	equestor's Name)	``
		•
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	me)
•	,	,
(Dr	ocument Number)	
(20		
Certified Copies	Certificates	e of Status
Certified Copies	Certificates	S Of Status
Special Instructions to	Filing Officer:	
·		
		·
,		

Office Use Only



700187215587

11/04/10--01004--003 **35.00



PO12/10

COVER LETTER "

Division of Corporations		
SUBJECT: Beyel Family GP INC. Name of Corporation		
DOCUMENT NUMBER: P980000 8380 [
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:		
Mark J. Reyel Name of Contact Person		
Beyel Family GP. INC.		
SSO Cidco Road Address		
Cocoa, FL 32926-5810 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Mark J. Beyel at (321) 622-2000 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

Tallahassee, FL 32314

P.O. Box 6327

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

TO:

Amendment Section

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.
1. The name of the corporation: Beyel Family GP, INC.
2. The principal office address: 550 Cidos Road, Coxoo, FL 32926-5810
3. The mailing address (if different):
4. Date of incorporation/qualification: 09-28-1998 Document number: P98000 83801
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)
Mark J. Reyel
4505 Pive Cone Place
Cocoa, FL 32926
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Mark T. Revel SSO Cidco Road P.O. Box NOT acceptable 22926-5810
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. Mask T. Revelopment and ittle 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 studies 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 in reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signbalure of Registred Agent Date
If signing on behalf of an entity: Mark T. Be Vel 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)