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(Requestor's Name)					
(Address)					
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PICK-UP	☐ WAIT	MAIL			
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Certified Copies	_ Certificates	s of Status			
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Special Instructions to	Filing Officer:				





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COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations						
SUBJECT:	Bay Circle Prop	perties, LLC	<u></u>			
	Name of Limited Liability Company					
Dear Sir or Madam:			16 25 16 25			
The enclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.	THE PIN			
Please return all correspondence concerning	g this matter to the	following:	FILED AUG 25 PM 12: 20 ELAHASSE OF STATEA			
Kenisha Cromity						
Name of Person						
The Private Client Law G	Group					
Firm/Company		_				
75 14th Street, Suite 2	200					
Address		_				
Atlanta, Georgia 3030)9					
City/State and Zip Cod	e	<u> </u>				
cthakkar@dctsystems	.net					
E-mail address: (to be used for future	annual report notif	ication)				
For further information concerning this mat	ter, please call:					
Kenisha Cromity	404 at (974-3487				
Name of Person		Area Code & Daytime Teleph	one Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314				
Enclosed is a check for the follow	ing amount:					
☑ \$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: Bay Circle Pro	pertie	s, LLC		
2.	(a)	17885 COLLINS AVENUE	(h	(b) 5875 PEACHTREE INDL BLVD		
,	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(*	/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Suite 4001	_	Suite 340	O	
	•	SUNNY ISLES BEACH, FL 33160	_	NORCROSS, GA 30092		
	•	07/15/2010		L1000007	4942	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	CHITTRANJAN K. THAKKAR				
	,	Registered Agent and Registered Office shown on the records of to 17885 COLLINS AVENUE	he Florida	Dept. of State	:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			14 / SEC TALL	
		Suite 4001				
		SUNNY ISLES BEACH .FL		AHAAA G		
((b)	C T Corporation System			25 PH	
		Enter name of NEW Registered Agent and/or NEW Registered Office address:			PH I2: 20 Of State of Florid	
		1200 South Pine Island Road			20 ·	
		NEW Registered Office Address:				
		Plantation , FL	33324			
the age was	cha nt w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	s of the the regis bility co	stered office impany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
			Bry	an P. Gala	at, Attorney-in-fact	
		ure of a member or authorized representative of a member			Printed or typed name of signee	
pro the to n not	visio obli nere ified	ny accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change. orporation System	perform I for in C ereby co	ance of my a Chapter 605, Onfirm that t	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
By Sig	: / natur	orporation System Michael Seraphin Asst. See of Registered Agent	Secreta	ry		