

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L21000115890

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((H22000161476 3)))



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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
BALTIMA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 MAY -4 PM 1:30

APPROVED
AND
FILED
2022 MAY -4 PM 3:31
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

((H22000161476 3))

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. Name of the limited liability company: BALTIMA LLC

2. (a) _____ (b) _____

Principal office address of limited liability company

Mailing address of limited liability company

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

3400 NE 12TH AVE STE 37J

3400 NE 12TH AVE STE 37J

OAKLAND PARK, FL 33334

OAKLAND PARK, FL 33334

03/11/2021

L21000115890

3. Date of filing/registration in Florida 4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State
REGISTERED AGENTS INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7901 4TH ST N STE 300

ST. PETERSBURG, FL 33702

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address

LEGALINC CORPORATE SERVICES INC.

NEW Registered Office Address

5237 SUMMERLIN COMMONS BLVD. SUITE 400

FORT MYERS, FL 33126

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Michelangelo Catapano

Michelangelo Catapano

Signature of a member or authorized representative of a member

Printed or typed name of signer

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 statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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