

48000284546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

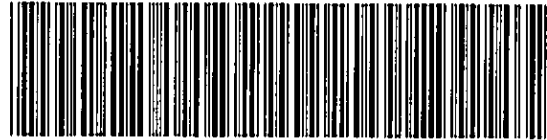
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800322185158

01/11/19--01018--007 \*\*25.00

FILED

2019 JAN 11 PM 12:06

SECURITY  
FALL 2018

Rolch8

JAN 17 2019

I ALBRITTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BPH Hospitality LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patrice Heatherington  
Name of Person

BPH Hospitality LLC  
Firm/Company

PO Box 990266  
Address

Naples, FL 34116  
City/State and Zip Code

hpheatherington@outlook.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrice Heatherington at ( 239 ) 404-9828  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$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. Name of the limited liability company: BPH Hospitality, 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**)

3340 Tamiami Trail E  
Naples, FL 34112

PO Box 990206  
Naples, FL 34116

3. 12/11/18 4. L18000284546  
Date of filing/registration in Florida Document number

5. (a) Heatherington, Benjamin D.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
5858 Star Grass Lane  
Naples, FL 34116

(b) Heatherington, Benjamin D.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

B  
NEW Registered Office Address:  
3340 Tamiami Trail East  
Naples, FL 34112

FILED  
2019 JAN 11 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Heatherington  
Signature of a member or authorized representative of a member

Patrice Heatherington  
Printed or typed name of signee

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.

B. Heatherington  
Signature of Registered Agent