A05000001832

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)							
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL							
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL							
(City/State/Zip/Phone #)							
(City/State/Zip/Phone #)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Business Entity Name)							
(Eddiness Entity Harrie)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



000413915170

08/15/23--01029--005 **35.00

Ra Crang

SEP 1 5 2023 D CUSHING

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ECT: B6 LLLP Name of Limited Partnership or	· Limited Liabil	ity Limited Partnershi	n		
DOC	·		,	1,		
DOC	UMENT NUMBER: A05000001832					
	nclosed Statement of Change of Register are submitted for filing.	red Office an	d/or Registered Ag	gent and		
Please	e return all correspondence concerning th	nis matter to:				
Penny	B. Bickley		_			
	Contact Person					
B6 LL			_			
	Firm/Company					
PO Bo	x 66959					
	Address		_			
St Pete	e Beach, FL 33736					
	City, State and Zip Code		_			
psb739	96@gmail.com				F-3	
13	-mail address: (to be used for future annual repo	rt notification)		-1	123	
For fu	arther information concerning this matter	r, please call:		: - : - :=1	1923 AUS 15	
Penny	B. Bickley	727 .t (667-0087			
	Name of Contact Person	Area Code a	nd Daytime Telephone	e Number	- ;	~2
Enclo	sed is a \$35.00 check made payable to the	he Florida Do	epartment of State.		25:22	*1-
	ng Address:		Address:			
-	tration Section		ration Section			
	ivision of Corporations Division of Corporations					
P.O. I	O. Box 6327 The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

change its registere	d office or registered agent	, or both, in the state of Florida			
₁ B6 LLLP					
N:	ame of Limited Partnership or	Limited Liability Limited Partner	ship		
2. 01/25/2023 Date of filing/registration in Florida		3. A05000001832			
		Florida document number			
4. The name of the re Department of State:	egistered agent and the registe	red office address as shown on the	records of the Florida		
	Penny B Bickle	y			
	· · · · · · · · · · · · · · · · · · ·	Name	-		
	740 64th Avenu	ie			
	Address				
	St Pete Beach, FL 33706				
	City, S	State and Zip	-		
5. The name and Flo	rida street address of the new	registered agent and/or office:			
	Frederick L. Bickle				
		2023			
	7221 50th Stree	7 m			
	Florida street address	s (P.O. Box not acceptable)	· · · · · · · · · · · · · · · · · · ·		
	Pinellas Park	FL 33781			
	City, S	State and Zip	· · · · · · · · · · · · · · · · · · ·		
full.	Duckay	e Florida Department of State.	1023 715 15 TY 12: 56		
Signature of General	Partner BG GP KE				
comply with the provi	isions of all statutes relative to	at and agree to act in this capacity, to the proper and complete perform my position as registered agent.			
Signature of Register	ed Agent				

Filing Fee: \$35.00 Certified Copy (optional): \$52.50