A 14000001209

(f	Requestor's Name)					
(Address)						
(Äddress)						
	City/State/Zip/Phone #)					
PICK-UP	☐ WAIT ☐ MAIL					
(1)	Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						
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(10/13/2022



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	10/12/2022		
Name:	Merritt W	alker	<u></u>
Reference #	t: 179	5030	
			MENT LIMITED PARTNERSHIP
Articl	es of Incorporation	n/Authorizatio	on to Transact Business
Ame	ndment		
✓ Char	ige of Agent		
Reins	statement		
☐ Conv	rersion		
☐ Merg	er		
☐ Disso	olution/Withdrawa	I	
☐ Fictiti	ous Name		
☐ Othe	r		
Authorized A	Amount:	\$35	
Signature: _		mw	

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.

BMS FAMILY INVESTMENT LIMITED PARTNERSHIP						
Nan	ne of Limited Partnership or Lim	ited Liability Lin	nited Partner	ship		
	mber 5, 2014 registration in Florida	3	A1400 Florida docui	0000609		
4. The name of the reg Department of State:	gistered agent and the registered o	office address as	shown on the	e records of the Florida		
	UNIVERSAL REGISTE		TS, INC.			
	Nam	ie				
	1317_CALIFO			-		
	Addre	ess				
	TALLAHASSE	E, FL 32304		_		
	City, State	and Zip		,707.		
5. The name and Flori	da street address of the new regis	stered agent and/o	or office:	ίναι το 1.5 L15: 52		
_	COGENCY GL	OBAL INC.		. r>		
	Nam	ie		;		
	: :					
-						
	Tallahassee	FL_	32301	S		
	City, State	and Zip		-		
6. Such change(s) is/a	re effective when filed by the Flo	orida Department	of State.			
/s/ Pamela A. Joh	nson, President of ECMP (Corp, General	Partner			
Signature of General P	artner					
comply with the provis	pointment as registered agent and ions of all statutes relative to the an accept the obligations of my p	proper and comp	plete perforn			
/s/ Sean Honan, As	ssistant Secretary					
Signature of Registered	1 Agent					
Filing Fee: Certified Copy (o)	\$35.00 ptional): \$52.50					