F18000003230

(Requestor	s Name)			
(Address)				
(Address)				
(City/State/2	Zip/Phone #)			
PICK-UP	VAIT MAIL			
/Rusiness F	intity Name)			
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Certified Copies Certificates of Status				
Special Instructions to Filing Of	ficer:			
J.DENNIS				
11/18/20	<u> </u>			





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SECRETARY OF STATE

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ Name	ECT: B&J HBK. INC. of Corporation	
DOC	UMENT NUMBER: F18000003230	
The er	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
KATI	IY BUTLER	
Name	of Contact Person	
URA		
Firm/0	Company	
12900	METCALF, SUITE 140	
Addre	ess	
OVER	LAND PARK, KS 66221	
City/S	State and Zip Code	
	INFO@URAGENTS.COM	
E-ma	il address: (to be used for future annua	I report notification)
	· ·	
For fu	orther information concerning this matter.	please call:
KATH	IY BUTLER	21 (855) 236-9172
	Name of Contact Person	at (855) 236-9172 Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address:	Street Address:
	Mailing Address: Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporate	, 617,0502, 607,1508, or 617,1508, Florida Si ion organized under the laws of the State of $\frac{C}{C}$:A		
		or registered agent, or both, in the State of Fl	'orida.		
	he corporation: B&J HBK, INC				
2. The principal	office address: 700 S. Flower Str	reet, Suite 1200 Los Angeles, California 90017			
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: $\frac{07/13/201}{2}$	Document number: F18000003	3230		
	I street address of the current reg timent of State: (If resigned, ento	gistered agent and registered office on file with er resigned)	h the		
	C T CORPORATION SYSTEM				
	1200 SOUTH PINE ISLAND RO	DAD	: <u>. ço</u>	20	
	PLANTATION, FL 33324		ECRE.	24 NO	
6. The name and street address of the new registered agent (if changed):		ered agent (if changed) and /or registered offi	185. 10 A871	MW 81 AON 1202	
	Universal Registered Agents, Inc	2.	TS	≭	Ü
	1317 California Street	<u>:</u>	C) 4/2 -1 = 4 -127	9: 00	
	Tallahassee, FL 32304	PO Box NOT acceptable		_	
The street addre	ess of its registered office and t be identical.	he street address of the business office of its	regist	ered a	gent.
Such change wa authorized by th	ns authorized by resolution dul- ne board, or the corporation has	y adopted by its board of directors or by an c s been notified in writing of the change.	officer	so	
Kim C	aravalho, VP	Kim Caravalho - Vice President			
Signatu	te of an officer or director	Printed or typed name and title	ē		—
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered to comply with the provisions a d I am familiar with and accep ng filed merely to reflect a cha been notified in writing of this	agent and agree to act in this capacity, of all statutes relative to the proper and comp in the obligation of my position as registered inge in the registered office address, I hereby s change.	plete p agent v confi	erforn Or rm the	nance if this it the
Sara	ih Moore	11/18/2024			
Sig	nature of Registered Agent	Date			
If signing on be	half of an entity:				
SARAH MOORI	ε				
T	yped or Printed Name				
	* * * FII	LING FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)