~\$@01	I UNIFORM BUSI	NESS REPO	RT	(UBR)	_			•	
DOCUMENT # L 00 0 0 0 0 1 1 0 4 / 1. Entity Name					בון בס				
BLS Securities, LLC				Ó.	FILED JUN 22 AM II: I	+2			
Principal Place of Business Mailing Address									
109 E. Church St. Suite 501				S Ţ/	ECRETARY OF STATE LLAHASSEE, FLORID	A			
Orlando, F1. 32801						•			
Principal Place of Business     . 3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	9	City & State			4. FE! Number 59-34	44942	<del></del>	opplied For lot Applicable	
Zip	Country	Žíp	Cour	ntry	5. Certificate of Status Desi	red 🔲	\$5.00 Ac Fee Requir		
	6. Name and Address of Current Registered Agent				7. Name and Address of N	ew Registere			_
Andrew Steele				Name		<del></del> -			-
Andrew Steele 109 E. Church St. Suite 501				Street Address	P.O. Box Number is Not Accep	otable)			- -
	Orlando, Fl. 3288	) [		O.			T= -		_
				City			L Zip Co	Je	
8. The above named entity submits this state ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida.									
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)    DATE								_ <del></del>	
FILE NOW HIS FEELS \$50.00									7
		Make Check Pay			State 4				
						į.			_
9. TITLE	MANAGING MEMBERS/MEMBERS  President Delete			<u> </u>	ADDITI	ONS/CHANG	ES ☐ Change	Addition	무호
NAME	andrew steele st. Suite 50				•	i		LJ /Collon	083 (11/00
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NAME	Brantley Smith		. NAM			_	-,		٥
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CITY-ST-ZIP	Orlando Fl. 3280	<del></del>	<b>-</b>	-S1-ZIP			<u> </u>	### <u>\$</u> [[_[]	Ц
NAME -		Delete	) ITTL NAM	-	• •		Change	.   Addition	
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TITLE TO SERVICE AND AND THE SERVICE AND THE S	<b>★</b>	☐ Delete	TITL	l		:	Change	☐ Addition	1
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CITY-ST-ZIP	and the state of t	Li Bil a de la		-ST-ZIP	notion 440 07/0/0 Finish Co.		and the state of the	information	4
indicated	ertify that the information supplied with to on this report is true and accurate and to bility company or the receiver or trustee	nat my signature shall have th	e same	e legal effect as if r	nade under oath; that I am a n	.res. I turther o nanaging men	cerury that the ober or manag	intormation er of the	
штисо ка!	omity company or the receiver or trustee	STIPOWOTOU TO AVACATE BIRS LE	port 818	required by Criap	tor 500, Florida Statutes.				1
CICNIAT	UDE: ////	• ~							
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MANA	GER, OR	AUTHORIZED REPRESE	NTATIVE Date		Daytime Phone #		