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SECRETARY OF STATE
TALLAHASSEE, FLORING

COVER LETTER

TO: Registration Section Division of Corporations			
	·		
SUBJECT: B & D HOLDINGS, LLC	imited Liability Company)		
(Ivaine of L	difficed Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
•			
David M. Saslow, Esq.			
(Name of Person)			
Bayfront Holdings, LLC			
(Firm/Company)			
1358 Fruitville Road, Suite 210			
(Address)			
O	·		
Sarasota, FL 34236 (City/State and Zip Code)			
(Only) date and Engles			
For further information concerning this matt	er, please call:		
	044 0480 Est 202		
David M. Saslow, Esq.	at (941) 364-8180 Ext. 302		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327 Tallahassee, Florida 32314		
2661 Executive Center Circle Tallahassee, Florida 32301	i alialiassee, Florida 32314		
Enclosed is a check for the following	ng 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 608.416 or 608.508, 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. The name of the limit	ed liability com	pany is: B&D	HOLDINGS, LLC	,			
2. The mailing address of	of the limited lia	bility compan	y is : 1358 Fruit	ville Road, Suite	210		
Sarasota, FL 34236							
03/21/2002			L020000	006802			
3. Date of filing/registration in Florida			4. Document number				
5. The name of the regist Florida Department of	ered agent and	the registered	office address a	s shown on the	record	s of th	ne
- total or opartitions of	Daniel Prew	ett					
•	5777 BENEV	Nam 'A ROAD SOL					
		Addre	ss		ZS S	90	
	Sarasota, FL				L A	007	
		City, State	and Zip		AH.	ယ	ELEINEN
6. The name and address	of the new regi	stered agent ar	nd/or office:		SSE	_	į.
	David M. Sas	slow, Esq.			₩S.	AM II: 30	
		Name			101 152	* *	Carried Control
	1358 Fruitville	Road, Suite 2	210		름	30	
	Florida stree	t address (P.O.	Box NOT acc	eptable)	>		
	Sarasota	FL	34236		_		
		City, State ar	ıd Zip				
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreeme	change or change the registered ereby confirmed mited liability on the limited	es are made, the agent will be in that the change ompany or as a liability company com	ne Florida stree dentical. Or, in ge(s) was/were otherwise provi	t address of the the case of a F authorized by a	registe Florida l an affirr	red of limite native	ffice d e vote
(Signature of a member or author	rized representative of	of a member)					
David L. Chessler (Printed or typed name of signee)						
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as regins of all statutes and accept the obtained this document in that the limited	stered agent a s relative to the ligations of m s being filed to d liability com	nd agree to act e proper and co y position as re o merely reflect pany has been i	in this capacity mplete perforn gistered agent a change in the notified in writi	y. I furt nance o as prov e regist ing of th	her a f my d ided f ered c iis ch	gree to luties, or in office ange.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)