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(Business Entity Name)		
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FILED SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BBC HOLDIA (Name of Limite	JGS , LLC d Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Trease retain an correspondence concerning and n	utter to the following.
ALYSON COLOSIA (Name of Person)	
(Name of Person)	<u> </u>
BBC HOLDINGS 110	7 OC 2
BBC HOLDINGS, LLC (Firm/Company)	Y OF FILE
2221 loth 1 - 1	In- L
(Firm/Company) (Address)	PH 2: 05
0 1 11	S. O.S.
Palmetto, FL 34 (City/State and Zip Code)	<u>221 </u>
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
ALYSON COLOSIA	941, 870-4848
(Name of Person) at ((Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations Division of Corporations	
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314	
Tallahassee, Florida 32301	
Enclosed is a check for the following am	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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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 limited liability company is: _____BBC HOLD/WGS 2. The mailing address of the limited liability company is: 3321 L 030000 Z 3533
4. Document number 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Name
7788 ANDORA DR
Address
SARA SOTA, FL 34238
City, State and Zip 6. The name and address of the new registered agent and/or office: Name
3321 10th LANE W
Florida street address (P.O. Box NOT acceptable) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) (Printed or typed name of signee) I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. (Signature of Registered Agent)

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