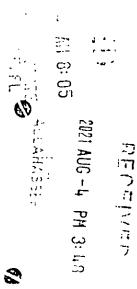
L03000035881

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	MAIT	MAIL
(Bı	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	

Office Use Only



200370211912



CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I2000000195
REFERENCE	: 944207 4812402
AUTHORIZATION	Lovelle Cle mon
COST LIMIT	: (\$ 55.00
ORDER DATE : August 4, 2021	
ORDER TIME : 3:08 PM	
ORDER NO. : 944207-010	
CUSTOMER NO: 4812402	
CHANGE OF A	<u>GENT</u>
NAME: BUILDING HEAL	TH CHECK, L.L.C.
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY	
CONTACT PERSON: Eyliena Baker	EXT#
•	EXAMINER:

COVER LETTER

Division of Corporations		
Building Health Check, L.L.C. SUBJECT:		
	Name of Limited Liabili	ty Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the follo	wing:
Name of Person		
value of Ferson		
Firm/Company		
Address		
City/State and Zip Coo	ie	
E-mail address: (to be used for future	•	n)
of future information concerning this ma-	ner, prease can.	
Name of Person	at () .	ea Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Ri D T1 24	egistration Section ivision of Corporations ne Centre of Tallahassee 15 N. Monroe Street, Suite 810 allahassee, FL 32303
Enclosed is a check for the follow	ing amount:	
□ \$25 Filing Fee	□ \$55 Fil	ing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. 1	Name of the limited liability company: Building Health	Check, L.L.C		
2. (a	4911 Creekside Road, Ste C, Clearwater, FL 33760	(b)	1911 Creekside Road, Ste C	C, Clearwater, FL 33760
2 . ("	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			imited liability company: POST OFFICE BOX)
		<u> </u>		
	09/22/2003	0.1	3000035881	
3,	Date of filing/registration in Florida	4.	Document numb	ber
5. (a	Michael Boutzoukas			
·	Registered Agent and Registered Office shown on the records of	of the Florida De	pt. of State:	
	311 Park Place Blvd, Suite 250			
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)		
	Clcarwater , F	33759	<u> </u>	
(b)				
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office addres	<u>rz</u> :	
	1201 Hays Street			1 .
	NEW Registered Office Address:			(C)
				00 00
	Tallahassee , F	L		
chang agent was/w	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lagere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered o lability comp of the limited	office and the business off any, it is hereby confirmed I liability company or as	fice of the registered ed that the change(s)
	Edwards Brown	Edward	W. Moore, Secretary	
	ature of a member or authorized representative of a member		Printed or typed na	5
provis the ob to men notifie	eby accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ree to act in t e performance ed for in Chaj hereby confi	his capacity. I further as to of my duties, and I am foter 605, F.S. Or, if this important that the limited liabili	gree to comply with the familiar with and accept document is being filed ty company has been

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

Signature of Registered Agent