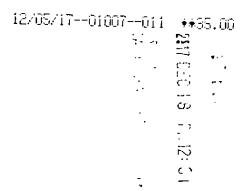
## L040006403a4

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## **COVER LETTER**

INHS18 (2/14)

TO: Registration Section Division of Corporations
SUBJECT: B&P FRIENDS LLC  Name of Limited 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 matter to the following:
Danijela Z Pope Name of Person
BLP FRIENDS, LLC Firm/Company
P.O BOX 2348  Address
Jacksmulle FL 32203 City/State and Zip Code
Popepartners LLLP@ gmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Danjela 2 Pope at 904 652 5206  Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:
□ \$25 Filing Fee



December 6, 2017

DANIJELA Z POPE PO BOX 2348 JACKSONVILLE, FL 32203

SUBJECT: B & P FRIENDS, LLC Ref. Number: L04000040324

We have received your document for B & P FRIENDS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 117A00024648

2017 ECC 13 CM II: 27

## 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. Name of the limited liability company: B&P FRI ENDS, LLC
2. (a) 1352 West Beaver St (b) P.O. BOX 2348  Principal office address of limited liability company:  Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
Jacksonville FL 32209 Jacksonville FL 32203
05/07/0021 1.04000040324
OS/27/2004 CO400040324  3. Date of filing/registration in Florida 4. Document number
Wething Linda
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1352 West Beaver St
10000000000000000000000000000000000000
Jacesor 191110 FL J2009
(b)
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Pape Daniela
NEW Registered Office Address:  12938 Old St. Augustine Rd
Jacksonville FL 32-258
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 605, 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