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S. WARREN JUN 2 9 2017

## **COVER LETTER**

Division of Corporations	
SUBJECT: BDL Marage	ement Trust, LLC
Name	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Robert E. Lyons	
Name of Person	
BOL management Firm/Company	Trust, LLC
PO Box 152	
Address	
Largo, FL 33779	
City/State and Zip Code	
Lyons_re@yahoo.com	
E-mail address: (to be used for future annu	nal report notification)
For further information concerning this matter,	please call:
Kenneth Arsenault	727 584-1199
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:
<b>☑</b> \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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. Na	me of the limited liability company:	LMa	rage	ment	Trust	-16	U.	
2. (a)	10225 Ulmerton Road	(b)	POBo	x 152			;	
2. (u)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS) Suite 2	<del></del>	/ <del></del>	Mailing address (Note: MA)	s of limited lia Y BE POST O	-		_
		<del></del>		EL 00770	<del></del> -			-
	Largo, FL 33771	<del></del>	Largo,	FL 33779			<del></del>	_
	12-09-2004		LD	4-000 C	889	28	, 	_
3. · · ·	Date of filing/registration in Florida	4,		Document 1	number			
5. (a)	Kenneth Arsenault							
( <del></del> )	Registered Agent and Registered Office shown on the reco	ords of the Florida	Dept. of Sta	ite:				
	10225 Ulmerton Road							
	Registered Office Address (MUST BE FLORIDA STE	REET ADDRESS	1	<del>-</del>				
	Suite 2				<b>≥</b> ≤	17		
	Largo	_, <sub>FL</sub> 33771				JUN 23 AM 10: 53	m l	
					JSSE J.S.S.	23	E	
(b)	Enter name of NEW Registered Agent and/or NEW Reg	istered Office add	lress:		- ing	A	Ū.	
	Sillor mano or the property of the same of	3514100 711100 1101	<u></u> .		일일	Ö		
	19535 Gulf Boulevard				ASS H	53		
	NEW Registered Office Address:			_				
	Suite E	·		_				
	Indian Shores	, FL 33785						
T.C. 1			O CE	<del>-</del> 1. dan tetah	1	<b></b>	1 t _ <b>A</b>	
the cha	imited liability company is not organized under tange or changes are made, the Florida street addr	the laws of the regis	state of r	ce and the bus	ereby comm siness office	mea i e of th	nai antei e registere	ed.
agent v	will be identical. Or, in the case of a Florida limiter authorized by an affirmative vote of the mem	ited liability co	mpany, it	is hereby cor	ifirmed that	the ci	hange(s)	
the arti	cles of organization or the operating agreement	of the limited l	iability co	mpany.		150 pi	o ridou m	
	nar	Rot	ert E. Ly					
	ture of a member or authorized representative of member				ped name of si		- · .	
provisi the obl to mer	by accept the appointment as registered agent at ions of all statutes relative to the proper and con igations of my position as registered agent as pr ely reflect a change in the registered office address d in writing of this change.	nd agree to act npleie performa rovided för in C ess, I hereby ca	in this cap ance of my Chapter 60 onfirm tha	pacity. I furt duties, and I )5, F.S. Or, i t the limited l	her agree to I am familia f this docum liability com	comp r with nent is npany	oly with the and acce being file has been	e pi d
Stokam	Registered Agent							