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(Requestor's Name)					
,					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
•	,	,			
PICK-UP	☐ WAIT	MAIL.			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: B & K Properties West Palm, LLC						
Name of Lir	nited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	r to the following:					
Mike Blumenfeld						
Name of Person	 					
Firm/Company						
7425 Brookstone Circle						
Address						
Address						
Flowery Branch, GA 30542	7 2					
City/State and Zip Code	ZO SEP					
mike@mikeandjan.com						
E-mail address: (to be used for future annual repo	ort notification)					
For further information concerning this matter, please of						
Mike Blumenfeld at (05 608-0107 ^ω					
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	t:					
☑ \$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 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. N	ame of the limited liability company: B & K Proper	ties We	st Palm,	LLC
2. (a)	%Mike Blumenfeld	(h	(b) %Mike Blumenfeld	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	<i>,</i>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7425 Brookstone Circle		7425 B	rookstone Circle
	Flowery Branch, GA 30542		Flower	y Branch, GA 30542
	03/14/2005		L050000	025760
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Mike Blumenfeld			
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	ite:
	9740 SW 148th. Street			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	2	
		33176		2016 SEP
(b)				
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	<u>dress</u> :	
	8355 SW 87th. Court			
	NEW Registered Office Address:			
	Miami	22172		_
	, FL	33173	··	_
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the operati	f the regise ability constituted the bilimited begins to the second fraction of the second second second fraction of the second	stered officempany, it ited liability	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany. menfeld
Signa	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mer notifie	rby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I is a more than a change of this change. Realized	ree to act perform d for in C hereby co	in this ca ance of my Chapter 60 onfirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been
Signati	ire of Registered Agent			