L05000081590

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	пе)
(Document Number)		
- Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
	·	

Office Use Only



500209688435

07/11/11--01006--001 **25.00

FILED

11 JUL 11 PN 12: 01

SECRETARY OF STATE

SHOWN SEED TO STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: BYBCF, 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:	
Tariq Jawad	· 	
Name of Person		
BYBCF, LLC Firm/Company		
10524 Moss Park Rd, STE 204 Address	-304	
Orlando, FL 32832 City/State and Zip Code		
tjawad@earthlink.net E-mail address: (to be used for future annual report n	notification)	
For further information concerning this matt	er, please call:	
Tariq Jawad	at (407) 275-0722	
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	ng amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

TO:

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.

Name of the limited liability company:	BYBCF, LLC		
2. (a) Principal office address of limited liability company	: 2820 SE 3rd CT STE 100		
(Note: MUST BE STREET ADDRESS)	Ocala, FL 34471		
(b) Mailing address of limited liability company:	10524 Moss Park		
(Note: MAY BE POST OFFICE BOX)	Suite 204-304		
08/17/2005	L05000081590 3		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:		
Registered Agent:	Tariq Jawad		
Registered Office Address:	2820 SE 3rd CT Suite 100 Ocala, FL 34471		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u>	V Registered Office address: Tariq Jawad		
NEW Registered Agent:			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	10524 Moss Park Rd Suite 204-304 Orlando ,FL32832		
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 Tariq Jawad Printed or typed name of signee			
I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the provided I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.		

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

Signature of Registered Agent