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JUL 13 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BAHIA INTERNATIONAL REALTY LL 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:	
Name of Person	
BAHIA INTINATIONAL REALTY LL &	
ZUOZ N LUS AVE SUITE 670 Address	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (S/3) S79-676 Area Code & Daytime Telephone Number	 per
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 □ \$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. Na	me of the limited liability company: BAHIA INTERNATIONAL REALLY LLC
2. (a)	7 607 N.LUIS AVE Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) ZOOZ N.LUIS AVE Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 670 SUITE 670
	TAMPA, FL 33604
3.	Date of filing/registration in Florida 1 060000000000000000000000000000000000
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	2002 N. LOIS AVE
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	SUITE_595
	TAMPA FL 33607
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	TCCZ N. LC13 AUE NEW Registered Office Address:
	SUITE GYC
the cha agent w was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company.
<u> </u>	ure of a member or authorized representative of a member RICHED ALEMAN Printed or typed name of signee
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provision the obline to mere notifical	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the constant of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept agations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been I in writing of this change.

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

Signature of Registered Agent