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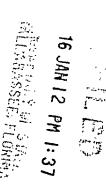
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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: BAWAY LLC Name of Limited Liability Company						
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:						
BILL HAVRE Name of Person						
Repistered Agents Inc.						
3030 N. Rocky Point Dr. St. 150 A. Address						
taupa FL 33607 City/State and Zip Code dd baway. net E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Bill Hauve at (850) 807 4500 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 □ \$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 liabili	ity company:BA	1WA-	1 6			
2. (a)	Principal office add	to Aue Soil Tess of limited liability comp The STREET ADDRESS		(b)		Brickel (Mailing address of limit	
		idui, FL	_ 		73 3	Midui	, FC
3.	OR/04/	2007 registration in Florida		- 4.		FOSOS S	
	DIESO	DELIOTO					
5. (a)	Registered Agent and Regis	tered Office shown on the re	cords of the l	Florida D	Dept. of State	:	
	801 Brich	rell Ave	Suite	وې	.D		
	Registered Office Address	(MUST BE FLORIDA S	TREET ADD	RESS)		; ;-	5
	33131	Midmi, F	2			ة - بين دور	JAA
		(, FL			0.00 0.00 171	1 N
			,	, "		ا المامية المامية	S 2
(b)	Enter name of <u>NEW Regist</u>	ered Agent and/or NEW Re	egistered Off	ice addr	ess:	Long	1:37
	REGISTERED AC	GENTS INC.					
	NEW Registered Office Ad		_				
	3030 N. Rocky P	oint Drive, STE 150)A 				
	Tampa		, FL	3607			
the cha agent w was/we	imited liability companyinge or changes are mad vill be identical. Or, in cre authorized by an affi cles of organization or the	e, the Florida street add the case of a Florida lin irmative vote of the me	dress of the nited liabil mbers of th	registe ity con ne limit	ered office npany, it is ed liability	and the business of hereby confirmed company or as ot	office of the registered I that the change(s)
				<i>D</i>	1660	Printed or typed name	07
_	ture of a nember of authorize	-					
provisi the obl to mere	by accept the appointment ons of all statutes relating its attentions of my position ely reflect a change in the change of this change.	ve to the proper and co as registered agent as p he registered office add	omplete per provided fo lress, I hero	rformar or in Ch eby con	n this capo ice of my o iapter 605 ifirm that i	icity. I further agi luties, and I am fai , F.S. Or, if this de the limited liability	ree to comply with the miliar with and accept ocument is being filed company has been
Signatu	re of Registered Ageh	JIII AU VI GIOLOGISCUI					

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