

| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (Address) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--------------|
| SUBJECT: BG SOUTHERN DIVISION 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: | |
| George Ziegler Name of Person | |
| BO SOU-HORN Firm/Company | 2010 TAL: |
| 133 Main St Address | AUG 31 |
| Windermere FL 34786 City/State and Zip Code | FFLORIOA |
| CZICALER WAS WHORN. COM E-mail address: (fo be) used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Ashley Ziegler at (407) 258-8960 Name of erson Area Code & Daytime Telephon | e 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 \$\square\$ \$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: BG Sou | HVER | en Di | vision L | LC. | |
|--|---|---|--|---|--|---|
| 2. (a) | BG Southorn Principal office address of limited liability company: | _ (b) | BG S | buthern Mailing address of lin | • | |
| | (NOISE: MUST BE STREET ADDRESS) 133 Main St | _ | P0 | Note: MAYBEP BOX 110 | OSTOFFICE | <u></u> |
| | Windernege, FL 34786 | _ | Gott | na, Fl | 347 | 34 |
| 3. | Date of filing/registration in Florida | 4. | | Document numb | er | |
| 5. (a) | George Zieakk Registered Agen) and Registered Office shown on the records of the 11428 Rapallo LV Registered Office Address (MUST BE FLORIDA STREET A) | | | | | |
| (b) | Windermere FL George Ziegler Enter name of NEW Registered (| 34 | 186 | - - | SECAL FAIRY OF STATE TALLAHASSEE FLORE | |
| | NEW Registered Office Address: Windle RWE RE FL | 34 | 786 | - - | DA S | |
| the cha agent w was/we the arti | mited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the law ure of a member or authorized representative of a member | he regis bility co the lim | tered offic mpany, it ted liabili | ce and the business is hereby confirmently ity company or as o | s office of the ed that the ch | registered ange(s) |
| l heret provisi the obl to mere notified | by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I had in pritting of this change. | ve to act performa for in C ereby co | in this cap nce of my hapter 60 nfirm tha | pacity. I further as duties, and I am f 5, F.S. Or, if this to the limited liabili | gree to complamiliar with document is lifty company h | ly with the and accept being filed as been |
| | Division of Corporations P.O. Be | ox 6327 | • Tallaha | issee, FL 32314 | | |

FILING FEE: \$25.00

INHS18 (2/14)