

608000100661

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954) 525-7800
Fax Number : (954) 761-8475

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REGISTERED AGENT CHANGE
BYSM, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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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.

1. Name of the limited liability company: BYSM, LLC
2. (a) Principal office address of limited liability company: 6305 NW 65 Terr
Parkland, FL 33067
(Note: MUST BE STREET ADDRESS)
(b) Mailing address of limited liability company: 6000 To 60 Bags
6305 NW 65 Terr
Parkland, FL 33067
(Note: MAY BE POST OFFICE BOX)
10/27/2008
3. Date of filing/registration in Florida
4. Document number 108000100661

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Angell Corporate Services, Inc.

Registered Office Address:

916 Edwards Angell Palmer & Dodge
One North Clematis Street, Suite 200
West Palm Beach, FL 33401

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

TANYA L. BOWER, ESQ.

NEW Registered Office Address:

40 TRIPP SCOTT, P.A.
110 SE 6TH ST, 15TH FLOOR
FORT LAUDERDALE, FL 33301

(MUST BE FLORIDA STREET ADDRESS)

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.

Sherrie Madden
Signature of a member or authorized representative of a member

SHERRIE MADDEN
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Tripp Scott, P.A.
Signature of Registered Agent

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

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