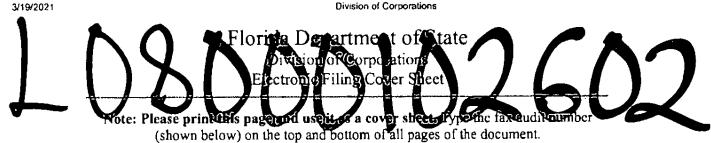
**Division of Corporations** 



(((H21000111272 3)))



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Account Name : C T CORPORATION SYSTEM

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## LLC REGISTERED AGENT CHANGE BBMK CONTRACTING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

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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 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.

	ame of the limited liability company:  BBMK CONTR.					
2. (a)	Principal office address of finited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited (Note: MAY BE POST			
	6400 PARK OF COMMERCE BLVD SUITE 1B					
	BOCA RATON, FL 33487					<u></u> .
	10/31/2008	L086	000102602			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)						
(,	Registered Agent and Registered Office shown on the records of MEKLIR, BRYAN A	t the Florida Dep	t, of State.			
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)	<del></del>			
	6400 Park of Commerce Blvd Suite 1B				202	
	Boca Raton , F	1.33487	<del></del> .	<u>.</u>	2021 HAR 19	
<i>i</i> 1. x	C.T. Corporation System			75.54 75.54 75.54	? 19	
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address	1	Filed to STSS Yn.	PM 12: 34	[]
				Jec Pyrio	12: 3	<b>.</b>
	NEW Registered Office Address			.5.7	<u>_</u>	
	1200 South Pine Island Road					
	Plantation F	33324 I				
				٠		
the cha agent was w	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members index of organization or the operating agreement of the	of the registere liability compa of the limited e limited liabi	d office and the business of any, it is hereby confirmed the liability company or as other	fice of the hat the ch	aregiste ange(s'	ered I
Sions	ture of a member or authorized representative of a member	Authorz	Printed or typed name o	af signee		
I here provis the ob- to mer notifie By	hy accept the appointment as registered agent and agions of all statutes relative to the proper and completeligations of my position as registered agent as providely reflect a change in the registered office address, it is in writing of this change.  CT Corporation System  Ordan gradus  Gregored Agent	gree to act in t e performance led for in Chaf hereby confil	• •	•	ly with and ac heing f ras bee	the cept iled n