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Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number: FCA000050023
Phone: (614)280-3338
Fax Number: (954)208-0845 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address:

> LLC REGISTERED AGENT CHANGE BBI GROUP, LLC

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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.

1. N	ame of the limited liability company: BBI Group, LI	LÇ				
2. (a)	Principal office address of limited liability company: (Note: MOST BE STREET ADDRESS) (b) 24 Duckside Lane PMB: 226 Mailing address of limited liability or (Note: MAY BE POST OFFICE)					-
	Key Largo, FL 33037	- <i></i>	Key Lar	go, FL 33037		
	07/21/2010		L100000	77062		2019
3. 5. (a)	Date of filing/registration in Florida RAX Co.	4.		Document number	; - ; .	
. (a)	Registered Agent and Registered Office shown on the records of 50 North Laura Street, Suite 3300 Registered Office Address	· 		 		:h #d. 8-
	Jacksonville FI.	32202	?	-	. ,	29
(b)	C T Corporation System Enter name of NEW Registered Agent and/or NEW Registered 1200 South Pine Island Road NEW Registered Office Address:	Office	ddress:	-		
	Plantation Fig.	33324	4	_		
the cha agent was/wa the art	imited liability company is not organized under the lawings or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited his creating agreement by an affirmative vote of the members of seless of organization or the operating agreement of the part of a member or authorized representative of a member	vs of the the reg ability of the li- limited	e State of Fluistered office company, it mited liabili liability con	e and the business offic is hereby confirmed that iv company or as othery	e of the re t the chang vise provid	gistered ze(s)
I heke provisi the obi (0) mer postrie	hy accept the appointment as registered agent and agr ions of all statutas relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the prostered office address, I d in writing of this change.	1	Madonna	pacity. I further agree to duties, and I am familie 5, F.S. Or, if this docum the limited liability con	-	with the d accept ng filed been
Signatu	pre of Registered Agent Division of Corporations - P.O. I	30x 632	27 - Tollaha	_		

INHS18 (2/14)