## 40000 132040

(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(Ć	ity/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Name	e)	
(Document Number)			
Certified Copies	Certificates of	of Status	
Special Instructions to Filing Officer:			

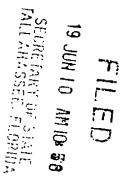
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ON 22 2019 T SCHROEDER

## COVER LETTER

TO: Registration Section Division of Corporation	ons	
SUBJECT: BA	3 BA INVES	Ments LCC nited Liability Company
Dear Sir or Madam:		
The enclosed Registered Ager	nt/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all corresponden	ice concerning this matte	r to the following:
Susan	Jacinta e of Person	<del></del>
BA 33A	INVESTW	rents CCC
485 E S	outh St.	<del></del>
Jackson, City/State	MI 4970 and Zip Code	3
E-mail address: (to be us	Ca ac - M sed for future annual repo	ort notification)
For further information concer	rning this matter, please o	call:
SUSCIN Name of Person		517 783-2646 Area Code & Daytime Telephone Number
STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, Florida 33	ons r Circle	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

	bmits the following statement in order to change its registered office or reg orida.	
1.	Name of the limited fiability company: BA 3 BA INVEST	nicuts LLC
2.	(a)(b)	ailing address of limited liability company:
	$\frac{(Note: MUST BE STREET ADDRESS)}{(1)} $	(NOTE: MAY BE POST OFFICE BOX) 705 S (XEAN BLV)
٠	Del Ray F1 33483 D	elray F1 33483
	12/38/10	0000132040
3.		Document number
	(a) Links Snelling LESQ Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  ONE East Browned Blvd, Registered Office Address  MUST BE FLORIDA STREET ADDRESS)  Suite 1010  Ft. Landerdale Fi. 33301  (b) Richard L Appleade  Enter name of NEW Registered Agent and/or NEW Registered Office address:  1705 S CCEAN Boulevard  NEW Registered Office Address:	19 JUN 10 AMIDE ES SELINE FARK OF STATE TALL ARASSET, TUDRIDA
	Delray Beach , FL 33483	
the age was the	the limited liability company is not organized under the laws of the State of Florical change or changes are made, the Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it is solvere authorized by an affirmative vote of the members of the limited liability articles of organization or the operating agreement of the limited liability company.	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
I ho pro the to n	pereby accept the appointment as registered agent and agree to act in this capacity visions of all statutes relative to the proper and complete performance of my disconlinear of my position as registered agent as provided for in Chapter 605, merely reflect a change in the registered office address. I hereby confirm that the ified in writing of this change.	

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

Signature of Registered Agent