#112000001879

i,			
(Req	uestor's Name)		
(Add	lress)		
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(City	/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	. Certificates	s of Status	
Special Instructions to Filing Officer:			





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SECRETARY OF STATE
SECRETARY SEEF, FLORIDA

K. SALY EXAMINER SEP 12 2013

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: BBPM, LLC				
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 m	atter to the following:			
Shannon Johannessen Name of Person	·			
BBPM, LLC				
Firm/Company				
7849 Georgeann Street				
Address				
Winter Park, FL 32792				
City/State and Zip Code				
shannon@bbpm.com E-mail address: (to be used for future annual report notificati	on)			
For further information concerning this matter, ple				
Shannon Johannessen	407 、948-1080			
Name of Person	Area Code & Daytime Telephone Number			
CTDEET/COUDIED ADDRESS.	MAILING ADDDESS.			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following am	ount:			
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

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.

agem, or boin, in the blute of 1 tortua.		
1. Name of the limited liability company: BBPM. LLC	****	
2. (a) Principal office address of limited liability company.	7849 Georgeann Street	- Jag 5
(Note: MUST BE STREET ADDRESS)	Winter Park, FL 32792	PEC SA A
(Company of the Company of the Compa	***	72.5
		\$ 12. W
(b) Mailing address of limited liability company:	Same as above	100 mg/s/2
(Note: MAY BE POST OFFICE BOX)		第9. 3
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		0.5. ~
1/5/12	L12000001879	<u> </u>
3. Date of filing/registration in Florida	1. Document number	7
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida	Dept. of State:
Registered Agent:	Eric Johannessen	
8		
Registered Office Address:	7849 Georgeann Street	
•	Winter Park, FL 32792	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW</u> Registered Agent:	V Registered Office add J. Rhiannon Arnold-Rogers	ress:
<u></u>		
NEW Registered Office Address:	The Arnold Law Group	
(MUST BE FLORIDA STREET ADDRESS)	203 Park Lake Street	
	Orlando	,FL_32803
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Fle and the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	iws of the State of Florid orida street address of the cal. Or, in the case of a l was/were authorized by a e provided in the articles	a, it is hereby registered office clorida limited an affirmative vote of of organization or
Shannon Johannessen Printed or typed name of signee I hereby accept the appointment as registered agent and as comply with the provisions of all statutes relative to the product of I am familiar with and accept the obligations of my post Chapter 608 F.S. Or, if this document is being filed to mer address. Thereby confirm that the limited liability company	per and complete perfort ition as registered agent	mance of my duties,
Signature of Registered Agent		
Division of Corporations, P.O. Box 632	27. Tallahassee. FL 323	114

FILING FEE: \$25.00

TNHS18 (05/08)