L12000048644

(Requestor's Name)				
(Address)				
,				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(50	isiness Linky Nan	16)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			

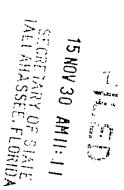
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DEC 0 2 2015 J SHIVERS



COVER LETTER

TO:	Registration Section Division of Corporations				
SURJ	Bold Technology Group LLC				
5020	SUBJECT: Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	nclosed Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning this	matter to the	following:		
Jenni	ifer Lopez				
	Name of Person	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Bold '	Technology Group LLC				
			<u></u>		
	Firm/Company				
1000	Fifth Street #200				
	Address		_		
Miam	ni Beach, FL 33140				
	City/State and Zip Code		_		
jennit	fer.lopez@boldtechnologygroup.con	n			
Ŧ	E-mail address: (to be used for future annua	l report notifi	ication)		
For fu	rther information concerning this matter, pl	lease call:			
Jenni	fer Lopez	646	478-6100		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:	MA	AILING ADDRESS:		
	Registration Section	Registration Section			
	Division of Corporations	Division of Corporations			
	Clifton Building). Box 6327		
	2661 Executive Center Circle Tallahassee, Florida 32301	i ai	llahassee, Florida 32314		
	Enclosed is a check for the following as	mount:			
	\$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy		
INHSI	8 (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 submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company: BOID 1 echnology	gy Group LLC
2. (a) Jennifer Lopez	(b) Jennifer Lopez
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
1000 Fifth Street #200	1000 Fifth Street #200
Miami Beach, FL 33140	Miami Beach, FL 33140
4/09/15	L12000048644
B. Date of filing/registration in Florida	4. Document number
5. (a) Jennifer Lopez	
Registered Agent and Registered Office shown on the records of the 90 Alton Road #3112	he Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)
	
Miami Beach, FL , FL	33140
(b) Jennifer Lopez	NOV CARETA
Enter name of NEW Registered Agent and/or NEW Registered (Office address:
1000 Fifth Street #200	AHII:
NEW Registered Office Address:	ORIGINA
Miami Beach , FL	33140
f the limited liability company is not organized under the law he change or changes are made, the Florida street address of tagent will be identical. Or, in the case of a Florida limited lial was/were authorized by an affirmative yote of the members of he articles of organization or the operating agreement of the l	the registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) f the limited liability company or as otherwise provided in limited liability company.
Signature of plumember or authorized representative of a member	Printed of typed name of signee
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete to the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I had the change of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed ereby confirm that the limited liability company has been
Signature of Registered Agent	

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