L130000048587

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

Office Use Only



900410813179

06/21/23--01018--001 **++445.**00

SEUNCIMATION STATE TALLAHASSEE, FLORIDA

COVER LETTER

	stration Section sion of Corporations								
SUBJECT:	BAY TO BAY ASSET MANAC	EMENT, LLC							
Name of Limited Liability Company									
Dear Sir or N	Madam:								
The enclosed	d Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.						
Please return	all correspondence concerning	g this matter to the	e following:						
James Ramos	s								
	Name of Person	<u> </u>							
Ramos Comp	panies								
	Firm/Company	<u> </u>							
5706 S MacE	Dill Ave Suite 200								
	Address								
Tampa, FL 3	3611								
	City/State and Zip Coo	de							
jr@ramoscor	mpanies.com								
E-mai	address: (to be used for future	annual report not	ification)						
For further i	information concerning this ma	tter, please call:							
James Ramo	S	813 at (259-1111						
	Name of Person	<u>ut t</u>	Area Code & Daytime Telephone Number						
Reg Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enc	closed is a check for the follow	ving amount:							
a 9	\$25 Filing Fee	0	\$55 Filing Fee & Certified Copy						
INHS18 (2/I	4)								

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.

Na	me of the limited liability company:						
(a)	c/o Ramos Companies		(b)	nos Companies	·		
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address o (Note: MAY B	<u>E POST OFFI</u>		-
	5706 S MacDill Ave Suite 200		5706 S	MacDill Ave Suite	200		
	Tampa, FL 33611	_	Tampa,	FL 33611			
	02/22/2013		L130000	28587			
	Date of filing/registration in Florida	4.		Document nui	mber		
(a)	Goodwin, James W						
. (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of S	State:			
	201 N Franklin St						
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRE.	2.2.)				
	Suite 2000		-				
	Tampa, FI	33602			₹	2[
(b)	RAMOS, JAMES A)LUA	NOF 8203	1
` '	Enter name of NEW Registered Agent and/or NEW Registered	Office	iddress:		HAS.	X 2	
	c/o Ramos Companies				LAHASSEE.FI	21 PM	
	NEW Registered Office Address:				<u>-</u> -2		
	5706 S MacDill Ave Suite 200				SIAIE FLORID/	: 25	_
	Tampa	33611			Þ	0.	
hange gent vas/was/was/was/was/was/was/was/was/was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of the distribution of the operating agreement of the lambs. It haves a light of a fine first include or authorized representative of a member oby accept the appointment as registered agent and agricultures relative to the proper and complete lightions of my position as registered agent as provide allowed the proper and complete of the	registe ability of the li limited Ja ree to a perfor.	ered office company, i mited liab I liability o mes A. Ran ct in this co	and the business it is hereby conflictive company or company. Printed or types apacity. I further types apacity. I further types and I apacity apacity.	office of the rmed that the as otherwise I name of signe	registe chang provid	ered e(s) led in