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



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O SIMMONS NOV 0 7 2018 JOHN W. WEST III SAWYER OAKS PROFESSIONAL PARK 5602 MARQUESAS CIRCLE, SUITE 212 SARASOTA, FLORIDA 34233



TELEPHONE 941-953-9600 FACSIMILE 941-953-9677 JWEST@JOHNWESTIII.COM WWW JOHNWESTIII.COM ALSO ADMITTED IN D.C.

October 23, 2018

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Bairmont, LLC

Change of Registered Agent address

Dear Sir/Madam:

Enclosed please find a Statement of Change of Registered Agent for Limited Liability Company and a check in the amount of \$25.00 for the filing fee. This is a requested change of address for Charles Creighton, Resident Agent of Bairmont, LLC.

If there are any questions regarding this matter, please contact me. Thank you for your assistance.

Sincerely.

John W. West III

JWW/tmh

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: BAIRMONT, | LLC | | |
|---|--|-------------------------------------|---|--|
| 2. (a) | | (| (b) | |
| (, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | \ | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 173 COHOSH RD | | 173 CO | HOSH RD |
| | NOKOMIS, FL 34275 | _ _ | NOKOM | MIS, FL 34275 |
| | 8/15/2013 | | L130001 | 16008 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | | | | |
| . (.,) | Registered Agent and Registered Office shown on the records of CHARLES CREIGHTON | f the Floric | la Dept. of Stat | te: |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRES | (2) | - - |
| | 4609 SWEETMEADOW CIRCLE | | | |
| | CADACOTA | 24220 | | - 4 |
| | SARASOTA, FL | 34238 | <u> </u> | - 20 F |
| | | | | 3 |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | l Office as | ddraw | - 2 |
| | Taker made of NAVA Registered Agent and/or NAVA Registered | <u> </u> | uuress. | 2.3 |
| | CHARLES CREIGHTON | | | |
| | NEW Registered Office Address: | | | - |
| | 173 COHOSH RD | | | |
| | | | | - |
| | NOKOMIS | 34275 | i | |
| the cha agent v was/we the arti Signa I herel provisi the obl to mere notifieg | imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the little of a member or authorized representative of a member by accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change. | f the reginability confithe limited | istered office ompany, it i nited liabilit liability con | e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in an appany. A cless (Colombia Signee) |