U3000144303

(Requestor's Name)		
(Address)		
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(Audiess)		
(City/State/Zip/Phone #)		
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(Business Entity Name)		
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COVER LETTER

Division of Corporations				
SUBJECT: BC C Ho	oldings LLC ited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for fili	ing.		
Please return all correspondence concerning this	matter to the following:			
Benjamin S. Cel Name of Person BCDC Holdings Firm/Company Address Melbourse FL City/State and Zip Code	LLC	2013 OCT 25 PM 12: 22 SECRETARY OF STATE FALL AMASSET, FLORIDA	The state of the s	
E-mail address: (to be used for future annual report notific	cation)	10A 10A		
For further information concerning this matter, p				
	Area Code & Daytine Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following a	mount:			
2 \$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

agent, or both, in the State of Florida.	
1. Name of the limited liability company:	- Holdings LLC
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	3206 & Hapkins Ave. 214A
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3206 5 Hopkins Ave. 214,
10/14/2013	L13000144303
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	Bengarin 5 Celinat
Registered Office Address:	3206 5 Hopk:-s Ave. 214 Titable FL 32780
(h) Tutan mana of NIESSY Degistered A good and/or NIESS	7 S 20 3
(b) Enter name of NEW Registered Agent and/or NEV	v Registered Unice address:
NEW Registered Agent:	Don mich Jackinski
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Jaob 5 Hopking Aug. 214A
If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl 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.	orida street address of the registered office
Signature of a member a authorized representative of a member	-
Benjamin S Celirsk	
Printed or typed name of signee	-
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
Signature of Registered Agent	

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