L14000022053

(Re	equestor's Name)	••					
(Ac	ddress)						
(Ac	ddress)						
(City/State/Zip/Phone #)							
PICK-UP	WAIT	MAIL					
· (Bu	usiness Entity Nar	me)					
(Do	ocument Number)						
Certified Copies	Certificates	s of Status					
Special Instructions to Filing Officer:							

Office Use Only



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ION SERVICE COMPANY								
ACCOUNT NO.	:	12000000019	95					
REFERENCE	:	133042	5152748					
AUTHORIZATION	:	Levels &	ena					
COST LIMIT	:	\$ 23.00	e has					
ORDER DATE : May 14, 2014								
ORDER TIME : 3:55 PM								
ORDER NO. : 133042-075								
CUSTOMER NO: 5152748								
CHANGE OF AGENT NAME: BOCAR BOZEMAN, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Emily Gray	EX.	I# 62925 EXAMINER: _						

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.

i.	Na	me of the limited liability company: BOCAR BOZEM	MAN, L	LC	С	
2 (a)		777 Arthur Godfrey Road		(b) 777 Arthur Godfrey Road		
	(-7	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) :		(-,	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	;
		Miami FL 33140		-	Miami, FL 33140	
		02/10/2014			L14000022053	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	ROBERT BALOGH				
٠.	(4)	Registered Agent and Registered Office shown on the records of the	he Flor	ida D	a Dept. of State:	
		777 ARTHUR GODEREY ROAD				
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE	'SS)		
					14 JUN 24	IISIAIU 33
		MIAMI BEACH , FL	331	40	<u> </u>	유류
((b)	Corporation Service Company		_		OF COL
		Enter name of NEW Registered Agent and/or NEW Registered	Office :	add r	حني -	: 50°
		1201 Hays Street				CORPORATIONS
		NEW Registered Office Address:	<u>-</u>) X
		T. II)				
		Tallahassee , FL	3230	01		
the age was	chaint w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the rep bility f the L	giste con imit	stered office and the business office of the regis ompany, it is hereby confirmed that the change(nited liability company or as otherwise provided	tered s)
			<u> </u>	AUR	JRA ELLINGSWORTH	
		ure of a member or authorized representative of a member			Printed or typed name of signee	
I h pro the to n not	ereb visid obli nere ified	by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete pations of my position as registered agent as provided the reflect a change in the registered office address, I have this change.	ee to a perfor I for in ereby	nct it mar 1 Ch 1 con	t in this capacity. I further agree to comply with ance of my duties, and I am familiar with and a Chapter 605, F.S. Or, if this document is being onfirm that the limited liability company has be	h the ccept filed en
Sig	natur	e of Registered Agent Corporation Service Company	BY:	Em.	Cmily Gray - Assistant VP	

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