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COVER LETTER

Division of Corporations							
SUBJECT:	Bay Plaza Commercial	Mortgages LLC					
	Name of Li	mited Liability Company					
Dear Sir or	Dear Sir or Madam:						
The enclose	The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please retur	n all correspondence concerning this matte	r to the following:					
	Thomas A Geiss						
Name of Person The Plana formune Mortgague Co							
91 Palisan Dr. N.							
	Address						
0/JSMAN, FL 34677							
	City/State and Zip Code						
io to	mgeiss@netzero.com						
E-mail address: (to be used for future annual report notification)							
For further	information concerning this matter, please	call:					
Tuon	un Ageiss #1	727 253 - 1667					
1	Name of Person	Area Code & Daytime Telephone Number					
	REET/COURIER ADDRESS:	MAILING ADDRESS:					
	gistration Section vision of Corporations	Registration Section Division of Corporations					
Cli	fton Building	P.O. Box 6327					
	51 Executive Center Circle Ilahassee, Florida 32301	Tallahassee, Florida 32314					
Enclosed is a check for the following amount:							
753	\$25 Filing Fee	\$55 Filing Fee & Certified Copy					

INHS18 (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

1.	Na	me of the limited liability company:	Bay Plaz	a Comme	ercial Mortgages LLC
2.	(a)	91 Pelican Dr N		(b)	P.O.Box 308
	(-)	Principal office address of limited liability of (Note: MUST BE STREET ADDRESS)	,	. (9)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Oldsmar, FL 34677	-	·	Oldsmar, FL 34677
		03/19/2014			L14000045488
3.		Date of filing/registration in Florid	la	4.	Document number
5.	(a)	American Safety Council	l, Inc		
	` '	Registered Agent and Registered Office shown on th		Florida Dept	t. of State:
		5125 Adanson ST.			
		Registered Office Address (MUST BE FLORID.	A STREET AD	DRESS)	 -
		Suite 500			16 HAR
		Orlando,	#L	32804	
(b)		Denise Barton			AH II: 2
		Enter name of NEW Revistered Agent and/or NEW	Registered O	Dee address	
		REGISTERED AGENTS INC.			26
		NEW Registered Office Address:			
		3030 N. Rocky Point Drive, STE 1	50A		
		Tampa	, FL_3	3607	
the ag was the !!	cha cnt v as/we e arti Signa kere ovisi e obi mer	ange or changes are made, the Florida street will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the cles of organization or the operating agreen for a member of	address of the limited liab members of the limited liab memt of the limited liab mber	ne registere ility compa the limited mited liabil	the of Florida, it is hereby confirmed that after ad office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. Thom AS A EISS Printed or typed name of signee this capacity. I further agree to comply with the cof my duties, and I am familiar with and accept out of 5, F.S. Or, if this document is being filed on that the limited liability company has been
ভ	$oldsymbol{\Box}$	Bill Havre/Assis	tant Secret	ary	