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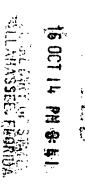
(Re	equestor's Name)							
(Address)								
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(Business Entity Name)								
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COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: BCJ Momagement CLC Name of Limited Liability Company								
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
Barbara Nascimento des Reis Name of Person								
BCJ management LLC Firm/Company								
1466 Reunion Blud,								
Reunion-FL 34747 City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Par bara N Reis at (407) 371-5370 Name of Person Area Code & Daytime 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 amount:								
\$25 Filing Fee \$25 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 Florida.

1.	Na	me of the limited liability company: <u>3C5</u>	Man	10er	ment	t LLC	,		
2.	(a)	1466 Reunion Blvd	····	(b) _	1466	Reun	ion [Blvd	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ì	Mailing address (Note: MAY			-
		Reunion-FL 34747		4	Reun	ion - F			-
				_					1
		06/12/2014			<u>L140</u>	00094	191		
3.		Date of filing/registration in Florida	4.			Document n	umber		
5.	(a)	Thayana Xavier				-			
		Registered Agent and Registered Office shown on the records	s of the Flori	ida De	ept. of State	e:			
		11913 Hatcher Circle				_			
		Registered Office Address (MUST BE FLORIDA STRE	ET ADDRE	<u>SS)</u>		_			
		•							
		Orlando .	fl_32	82	4	_			
	/1 \	Borhara Nowsimento dos	Daio						
	(0)	Enter name of NEW Registered Agent and/or NEW Register	ered Office :	addre	ss:	-			
							F	9	
		1466 Reunion Blvd,	•		<i></i>			130	`
		NEW Registered Office Address:					80 T	French	
						=		3	
		<u>Keunion</u> ,	FL_3	17	<u>47 </u>	_	6 •	•	7
		imited liability company is not organized under the							
age	nt v	inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited	d liability	com	pany, it is	s hereby cont	firmed tha	it the chang	c(s)
wa the	s/w€ arti	ere authorized by an affirmative vote of the membe cles of organization or the operating agreement of	rs of the li the limited	imite d liał	d liabilit pility con	y company o	r as others	wise provid	led in
			_		-	Nascim	ando ,	dos Re	o`v~
S	ignat	ture of a member or authorized representative of a member	<u>. v</u>	<u>un</u>	Mu	Printed or type			~13
pro the to i	visi obl nere	by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address in writing of this change.	agree to a lete perfor ided for in , I hereby	ict in mand Cha conf	this cap ce of my apter 605 irm that	acity. I furth duties, and I 5, F.S. Or, if the limited li	er agree t am famili this docu ability co	to comply var with and ment is being mpany has	vith the laccept ng filed been

Signature of Registered Agent