

L14000181007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

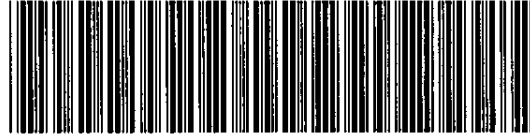
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800272340718

05/04/15--01044--003 **50.00

FILED
15 MAY -6 AM 11:40
TALLAHASSEE, FLORIDA

LC
R/ACng
MAY 11 2015
R. WHITE

BARG LAW PC

REAL ESTATE & BUSINESS

121 SW Morrison Street, Suite 600
Portland, Oregon 97204

P 503.241.3322 | F 503.241.8521

www.barglawpc.com

April 30, 2015

BY REGULAR MAIL—

Florida Secretary of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: BTIPDX, LLC (Document/Registration Number L14000181007)

Dear Registration Section:

Please file the following enclosed forms at your earliest convenience:

1. Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company; and
2. Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company.

I have enclosed a check in the amount of \$50 for the filing fees.

Please contact me if you have any questions. Thank you.

Sincerely yours,

BARG LAW PC

Whitney Kubli
WHITNEY KUBLI
Paralegal

Direct 503.241.3322
Email whitney@barglawpc.com

WK/wk

Enclosures

cc: Jonathan V. Barg

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BTIPDX, LLC

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:

JAKE SILVERSTEIN

Name of Person

BTIPDX, LLC

Firm/Company

1306 NW HOYT ST #1306

Address

PORTLAND OR 97209

City/State and Zip Code

jake@elir.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JONATHAN V BARG

at (503)

241-8514

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

☐ \$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 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. Name of the limited liability company: BTIPDX, LLC
2. (a) JAKE SILVERSTEIN, MANAGER
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1306 NW HOYT ST #1306
PORTLAND OR 97209
- (b) JAKE SILVERSTEIN, MANAGER
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
1306 NW HOYT ST #1306
PORTLAND OR 97209
3. NOVEMBER 21, 2014 Date of filing/registration in Florida
4. L14000181007 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

JEFFREY R McCURDY

Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)

1762 HAWTHORNE ST STE 5

SARASOTA, FL 34241

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NATIONAL CORPORATE RESEARCH, LTD., INC.

NEW Registered Office Address:

155 OFFICE PLAZA DRIVE

TALLAHASSEE, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Jacob Michael Silverstein
Signature of a member or authorized representative of a member

JACOB MICHAEL SILVERSTEIN, MANAGER

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

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