## L15000008846

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## COVER LETTER

TO: Registration Section Division of Corporations		ï
Baymoreno Group LLC SUBJECT:		
Name of	Limited I	_iability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cl	iange and	d fee(s) are submitted for filing.
Please return all correspondence concerning this mat	iter to the	e following:
Joseph Yap		
Name of Person		<del></del>
Baymoreno Group LLC		
Firm/Company		
13520 SW 152nd St. #770723		
Address		
Miami, FL 33177		
City/State and Zip Code		
j.yap@hotmail.com		
E-mail address: (to be used for future annual r	eport not	ification)
For further information concerning this matter, plea	se call:	
Joseph Yap	786	312-7015
Name of Person	\	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following am	ount:	
<b>■</b> \$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 Florida.

I. N	ame of the limited liability company:Baymoreno Grou	ip LLC		
2. (a)	13520 SW 152nd St. #770723			
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	\"/	Mailing address o	f limited liability company: <u>E POST OFFICE BOX</u> )
	Miami			
	FL 33177			
	1/15/2015	1.150	000008846	
3.	Date of filing/registration in Florida	4.	Document nu	mber
5. (a)	Joseph Yap			
J. (41)	Registered Agent and Registered Office shown on the records of	f the Florida Dep	et, of State:	
	210 Miracle Mile	<del> </del>		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)		
	Coral Gables	33134 L		2020 S
	Coral Gables F			
(b)	Joseph Yap			28
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address	<u></u>	SEE AH
	13520 SW 152nd St, #770723			AMIO: 22 OF STATE SEE, FL
	NEW Registered Office Address:		<del></del>	, , , , ,
		22.22		
	Miami Fi	L <u></u>		
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	registered of ability compa of the limited	fice and the business ny, it is hereby confir hability company or a lity company.	office of the registered med that the change(s)
Signa	ture of a member or authorized representative of a member		Printed or typed	name of signee
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change.	r performance	of my duties, and I ar	n familiar with and accept
Signatu	re of Registered Agent			