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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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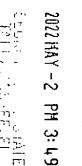
Office Use Only

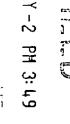
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y 5/4/2022

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: BM Equities	s LLC			
	imited 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:				
Michael Sadeghpour				
Name of Person				
BM Equities LLC				
Firm/Company				
18167 US Highway 19 N Suite	450			
Address				
Clearwater Florida 33764				
City/State and Zip Code				
michaelsad23@gmail.com				
E-mail address: (to be used for future annual repo	ort notification)			
For further information concerning this matter, please call:				
Michael Sadeghpour	727) 254-6692			
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 amount:				
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)



RECEIVED

2022 APR 14 AM 11: 04

SECRETATION OF TABLE TALLAHASSEE, FL

March 31, 2022

MICHAEL SADEGHPOUR 18167 US HIGHWAY 19 N SUITE 450 CLEARWATER, FL 33764

SUBJECT: BM EQUITIES, LLC Ref. Number: L15000051834

We have received your document for BM EQUITIES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 522A00007534

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: BM Equ	iities Ll	LC
2. (a)	()	o)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(L	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	18167 US Highway 19 N Suite 4:	50	18167 US Highway 19 N Suite 450
	Clearwater FL 33764		Clearwater FL 33764
	03/23/15		L15000051834
3.	Date of filing/registration in Florida	4.	Document number
5. (united States Corporation Age	nts, Inc	
·	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:
		_	<u> </u>
	Registered Office Address (MUST RE FLORIDA STREET	ADDRESS	1
	_13302 Winding Oak Court A		
	Tampa_, FI	336	
(b	Michael Sadeghpour		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
,,			
			3: L
	NEW Registered Office Address:	_	77 9
	18167 US Highway 19 N Suite 450		
	Clearwater, FL	337	64
agent was/v he ar	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the nature of a member or authorized representative of a member	ability cor of the limi limited lis	npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company. Michael Sadeghpour Printed or typed name of signee
he ol o me iotifi	eby accept the appointment as registered agent and agrissions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I have a like the change.	ee to act i performan I for in Cl nereby con	n this capacity. I further agree to comply with the
Signal	ure of Registered Agent		