L15000055843

(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:						
wrong form						

Office Use Only



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10/27/16--01012--005 **35.00

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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 31, 2016

ROBERT LEE 104 LANSING ISLAND DR INDIAN HARBOR BCH, FL 32937 US

SUBJECT: B & M PROPERTY HOLDINGS LLC

Ref. Number: L15000055843



We have received your document for B & M PROPERTY HOLDINGS 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 form you submitted is for a CORPORATION, but your entity is a LINITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 716A00023302

See enclosed

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BEM Property Name of	Holdings LLC Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Robert Lee Name of Person	· · · · · · · · · · · · · · · · · · ·
Firm/Company	
104 Lansing Island	
Indian Harbor Beac City/State and Zip Code	h, FL 32937
ceolee 1 cyahoo cox	
E-mail address: (to be used for future annual r	
•	
For further information concerning this matter, plea	se can:
Robert Lee a	1(703) 895-5400
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 amo	ount:
□ \$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.

1.07.00.	-0	 _	- RX	EM Pas		Holding	se 1.10
1. Name of the limited liability compa	ny: 150 15	270	134	יויל לרכ	sperig	N. Processing	1,
2. (a)	e c	(b)	د/ه	Rober	t he	د	
Principal office address of limit	ed liability company:	- () -		lailing address o			
(Note: MUST BE STRE	_			(Note: MAY B		_	_
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Indian Harbb-		- -	India	n Harb	Sr Bea	A 64	3293 ⁻
-1-1	32437				70 1. 7		
3/30/20		_	LIS	0000 55	843	···	
3. Date of filing/registration		4.		Document nu	mber		
5. (a) LEE, ROBER	7.						
Registered Agent and Registered Office	shown on the records of the	: Florida D	ept. of State	:		10 T	
						16 NOV 2 2	
Registered Office Address (MUST I	<u>SE FLORIDA STREET AD</u>	DRESS)		•		¥°.	
6485 North H	nghwy 1					7 2) And the Change
Melbourne	6 0 0	320	140			16 NOV 22 PM 4: 15	П
		<u> </u>				: .	
(b) LEE, ROBE	ERT					<u>⊊</u> 5	
Enter name of NEW Registered Agent	and/or NEW Registered O	ffice addr	ess:			or .	
NEW Registered Office Address;							
	Tal=10	ha. de					
104 Lansine	1 - Sland						
Indian Harbor	Sea cla	229	3)				
-1100 (10) (10)	Jacob C, FL	, v (<u> </u>				
If the limited liability company is not or the change or changes are made, the Flo	ganized under the laws	of the S	tate of Flo	rida, it is here	by confirm	ned that after	r omad
agent will be identical. Or, in the case of	f a Florida limited liab	ility com	pany, it is	hereby confir	rmed that t	the change(s))
was/were authorized by an affirmative v the articles of organization or the operat	ote of the members of t	the limite mited lia	ed liability bility com	company or	as otherwi	se provided i	in
			<i>A</i> .) RC+	Lec	_	
Signature of a member or authorized represents	ative of a member		1	Printed or typed			
I hereby accept the appointment as regi	stered agent and ugree	to act in	this capa	city. I furthe.	r agree to	comply with	the
provisions of all statutes relative to the the obligations of my position as registe to merely reflect a change in the register notified in writing of this change.	roper una complete pe red agent as provided f	erjorman for in Ch	ce oj my a apter 605,	uiies, ana I a F.S. Or, if th	m jamiliar iis docume	wiin ana ac nt is being f	cepi iled
notified in writing of this change	ea ojjice adaress, i nei	i euy cun	prm mact	ne umueu ua	онну сотр	iany nas vee.	71
Signature of Registered Agent							