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D. SCOTT DEC 1 3 2016

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. COV	VER LETTER
TO: Registration Section Division of Corporations	
BAYVIEW CASTLE, LLC	
SUBJECT:	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	age and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Donna Bertucci	
Name of Person	
Corporate Direct, Inc	
Firm/Company	
2248 Meridian Blvd. Suite H	
DATE LIFE A Address	D the Phane Re Cristica Cort V
Minden, NV 89423	SECR D
City/State and Zip Code	
info@corporatedirect.com	STEL
E-mail address: (to be used for future annual repor	rt notification)
For further information concerning this matter, please ca	call:
Donna Bertucci 77	75 782-2201
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	······································
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S25 Filing Fee Starting	\$55 Filing Fee & Certified Copy

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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.

Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) D E. SIMPSON AVE, Box 2869 ACKSON, WY 83001 5000131253 Document number pt. of State:	. Na	me of the limited liability company:BAYVIEW CA	CASTLE, LLC
Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) D E. SIMPSON AVE, Box 2869 ACKSON, WY 83001 5000131253 Document number pt. of State: 	. (a)		(b)
ACKSON, WY 83001 5000131253 Document number pt. of State:		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:
5000131253 Document number pt. of State:		60 E. SIMPSON AVE, Box 2869	60 E. SIMPSON AVE, Box 2869
Document number pt. of State: s s to f State: to f State: to f Sta		JACKSON, WY 83001	JACKSON, WY 83001
pt. of State:		07/31/2015	L15000131253
ate of Florida, it is hereby confirmed that after red office and the business office of the register	•	Date of filing/registration in Florida	4. Document number
ate of Florida, it is hereby confirmed that after red office and the business office of the register	(a)		
ate of Florida, it is hereby confirmed that after ed office and the business office of the register		Registered Agent and Registered Office shown on the records of	of the Florida Dept. of State:
ate of Florida, it is hereby confirmed that after bed office and the business office of the register		DETWEILER, GERRI	
ate of Florida, it is hereby confirmed that after bed office and the business office of the registored that after		Registered Office Address (MUST BE FLORIDA STREET.	TADDRESS)
ate of Florida, it is hereby confirmed that after bed office and the business office of the register		1037 GREYSTONE LANE	
ate of Florida, it is hereby confirmed that after bed office and the business office of the registored that after		SARASOTA, FI	_{FL} 34232
ate of Florida, it is hereby confirmed that after bed office and the business office of the registored that after	(b)		-100
ate of Florida, it is hereby confirmed that after ed office and the business office of the regist	(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address:
ate of Florida, it is hereby confirmed that aftered office and the business office of the regist			
ate of Florida, it is hereby confirmed that aftered office and the business office of the regist		REGISTERED AGENTS INC.	
ate of Florida, it is hereby confirmed that aftered office and the business office of the regist	`	NEW Registered Office Address:	
ate of Florida, it is hereby confirmed that aftered office and the business office of the regist		3030 N. Rocky Point Drive, STE 150A	
ed office and the business office of the regist		Tampa	
d liability company or as otherwise pr	the cha agent v was/we	3030 N. Rocky Point Drive, STE 150A	FL_33607 laws of the State of Florida, it is hereby confirmed to of the registered office and the business office of the liability company, it is hereby confirmed that the cl s of the limited liability company or as otherwise pr

Signature of a member or authorized representative of a member

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.

Printed or typed name of signee

Bill Havre/Assistant Secretary mene

Signature of Registered Agent

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