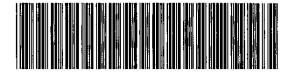
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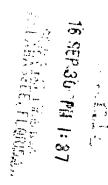
(Requestor's Name)	-							
′ (Address)	-							
(Address)	-							
(City/State/Zip/Phone #)	-							
PICK-UP WAIT MAIL								
(Business Entity Name)	-							
(Document Number)								
Certified Copies Certificates of Status	-							
Special Instructions to Filing Officer:								

Office Use Only



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## **COVER LETTER**

то:	Registration Section Division of Corporations		
SUBJE	CCT: BMD Ventures LLC		
	Name	of Limited Liab	ility Company
Dear Si	ir or Madam:		
The end	closed Registered Agent/Registered Offic	e Change and fe	e(s) are submitted for filing.
Please	return all correspondence concerning this	matter to the fol	llowing:
Williar	m T. Williams		
<u> </u>	Name of Person		-
•			
	Firm/Company		
5930	Elkhorn Blvd.		
	Address		
Holida	ay, Florida 34690		
	City/State and Zip Code		-
jtang@	@1337enterprises.com		
Е	-mail address: (to be used for future annu	al report notifica	ntion)
For fur	ther information concerning this matter, p	olease call:	
Williar	n T. Williams	541 _ at (	2210722 .
	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	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314
	Enclosed is a check for the following a	amount:	
	☑ \$25 Filing Fee	<b>□</b> \$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.

2. (a) Willia  593  Hol  Octo  3.  5. (a) Pino  Regiss  Pino  Regis  732  Par  Willi  Enter  Will  NEW  593	iam T. Williams name of NEW Registered Agent and/or NEW Registered C	4. DDRESS	5930 Elk Holiday, L1500017	Document 1	s of limited   Y BE POST    .   4690		
593  Hol  Octo  3.  5. (a) Ping  Regist  Par  Par  (b) Willi  Enter  Will  NEW  593	(Note: MUST BE STREET ADDRESS)  30 Elkhorn Blvd.  Siday, Florida 34690  Ober 20, 2015  Date of filing/registration in Florida  G. H. Chou, CPA, PA  stered Agent and Registered Office shown on the records of the  G. H. Chou, CPA, PA  stered Office Address (MUST BE FLORIDA STREET AD  25 NW 112th Terrace  Ckland , FL  Siam T. Williams  name of NEW Registered Agent and/or NEW Registered Co	4. DDRESS	5930 Elk Holiday, L1500017	(Note: MA) shorn Blvd Florida 3 78538 Document	<u>Y BE POST</u>  -     4690		
Hole  Octo  3.  5. (a) Pino Regist Pino Regist  732 Par  (b) Willia Enter  Will  NEW  593	Date of filing/registration in Florida  G. H. Chou, CPA, PA  tered Agent and Registered Office shown on the records of the G. H. Chou, CPA, PA  stered Office Address (MUST BE FLORIDA STREET ADDRESS NW 112th Terrace  Ekland , FL  iam T. Williams  name of NEW Registered Agent and/or NEW Registered Company (NEW Registered Company)	4. DDRESS	Holiday, L1500017 Dept. of State	Florida 3 78538 Document	4690		
Octo  3.  5. (a) Ping Regist Ping Regist  732 Par  (b) Willi Enter  Will  NEW  593	Date of filing/registration in Florida  g H. Chou, CPA, PA  tered Agent and Registered Office shown on the records of th  g H. Chou, CPA, PA  stered Office Address (MUST BE FLORIDA STREET AD  25 NW 112th Terrace  rkland ,FL  fam T. Williams  name of NEW Registered Agent and/or NEW Registered C	4. DDRESS	L1500017 Dept. of State	78538  Document		-	
3. 5. (a) Ping Regist Ping Par Willing Enter Will NEW 593	Date of filing/registration in Florida g H. Chou, CPA, PA  tered Agent and Registered Office shown on the records of th g H. Chou, CPA, PA  stered Office Address (MUST BE FLORIDA STREET AL  25 NW 112th Terrace  kland , FL  iam T. Williams  name of NEW Registered Agent and/or NEW Registered C	4. DDRESS	Dept. of State	Document 1	number		
5. (a) Ping Regist Ping Regist 732 Par Willi Enter Will NEW 593	g H. Chou, CPA, PA  tered Agent and Registered Office shown on the records of the g H. Chou, CPA, PA  stered Office Address (MUST BE FLORIDA STREET ALL)  25 NW 112th Terrace  kland, FL 3  iam T. Williams  name of NEW Registered Agent and/or NEW Registered Company (NEW Registered Company)	DDRESS	2	-	number		
(b) Regist Pine Regist 732 Par Willi Enter Will NEW 593	tered Agent and Registered Office shown on the records of the g. H. Chou, CPA, PA  stered Office Address (MUST BE FLORIDA STREET AL  25 NW 112th Terrace  rkland , FL  iam T. Williams  name of NEW Registered Agent and/or NEW Registered C	33076	2	- - -			
Regist Pine Regist 732 Par Willi Enter Will NEW 593	g H. Chou, CPA, PA  stered Office Address (MUST BE FLORIDA STREET AD  25 NW 112th Terrace  kland , FL  iam T. Williams  name of NEW Registered Agent and/or NEW Registered C	33076	2	- - -			
Regis 732 Par (b) Willi Enter Will NEW 593	stered Office Address (MUST BE FLORIDA STREET AD 25 NW 112th Terrace kland , FL 3 iam T. Williams	33076		-			
732 Par  (b) Willi Enter  Will  NEW  593	25 NW 112th Terrace  kland, FL 3  iam T. Williams  name of NEW Registered Agent and/or NEW Registered C	33076		-			
(b) Willing Enter Willing NEW 593	rkland, FL 3			-			
(b) Willing Enter Willing NEW	iam T. Williams name of NEW Registered Agent and/or NEW Registered C			-			
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Enter Will NEW 593	name of NEW Registered Agent and/or NEW Registered C	Office ad	<u> </u>				
Will NEW 593		Office ad		_			
<u>NEW</u> 593			<u>aress</u> :		,	. ~i.	
593	liam T. Williams				# 1	SEP	
	V Registered Office Address:			-		30	
Hol	30 Elkhorn Blvd.			_	(**; <u>c</u>		$f \hat{T}$
	liday , FL <sup>3</sup>	34690		-	E (May)	PH J: 87	y I work
the change o agent will be was/were au	d liability company is not organized under the laws or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited liabilithorized by an affirmative vote of the members of organization or the operating agreement of the liability.	the regist bility co the ling imited I	stered office ompany, it is sited liabilit	e and the bu s hereby cor y company on pany.	ereby consisiness offi nfirmed th	ice of that the o	he registered change(s)
Signature of	a member or authorized representative of a member		<del></del>	Printed or ty	ped name of	signee	
I hereby acc provisions of the obligation to merely re notified in w Signature of R	cept the appointment as registered agent and agre of all statules relative to the proper and complete p ons of my position as registered agent as provided flect a change in the registered office address, I have riting of pils change.	e to act perform for in ( ereby c	t in this cap ance of my Chapter 605 onfirm that	acity. I furt duties, and . 5, F.S. Or, i the limited i	ther agree I am famil I this docu liability co	to com liar wit ument i ompany	ply with the h and accep s being filed has been