## <u> 1500 186207</u>

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Office Use Only						



02/25/19--01013--015 \*\*25.00

2019 FEB 25 AH 10: 52 



FEB 28 2019



2804 Gateway Oaks Drive #100 Sacramento, CA 95833 Phone (800)533-7272 Fax (800)603-5868 REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

 Date:
 February 19, 2019
 AE:
 Cori Ann Crosthwaite

 TO:
 Florida Department of State
 H1080
 REFERENCE:
 1253485

 New Filing Section - Division of Corporations
 PO Box 6327
 Tallahassee, FL 32314

 FAX:
 PLEASE PERFORM THE FOLLOWING:
 BTSA LLC

 Change of Registered Agent
 IN:
 FL

SPECIAL INSTRUCTIONS:

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Cori Ann Crosthwaite TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272

## 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. N	ame of the limited liability company: STUPKA INVESTMENTS LLC				
2. (a)			(b)		
.,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)		
	515 NORTH FLAGLER DRIVE SUITE P-300				
	WEST PALM BEACH, FL 33401				
	11/03/2015			L15000186207	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of t				
	Registered Agent and Registered Office shown on the records of t	he Florid	ia Dept. of State	- c:	
	LEGALINC CORPORATE SERVICES	, INC			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(S)</u>	-	20
	5237 SUMMERLIN COMMONS SUITE	400			19 - : ·
	FORT MYERS , FL		33907	-	1-11-E 2019 FEB 25 A
(b)				· _	EU AM10: 52
(9).	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	<u>ldress</u> :	· ·	
					بت _
	Rocket Lawyer Corporate Service	s LL	с		
	NEW Registered Office Address:		····		
	155 OFFICE PLAZA DRIVE, 1ST FLC	OR	<del></del>		
	Tallahassee, FL, FL, FL, FL, FL, FL	32	301		
agent wi was/wer the artic	nited liability company is not organized under the laws age or changes are made, the Florida street address of t ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of les of organization or the operating agreement of the li <u>here</u> which re of a member or authorized representative of a member	s of the he regis pility co	State of Flo. stered office ompany, it is nited liability liability comp	and the business offic hereby confirmed that company or as otherw pany.	e of the registered the change(s) vise provided in

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.

54 Signature of Registered Agent ШS

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