**Division of Corporations** attment ot ding

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> Division of Corporations Fax Number : (850)617-6383

From:

To:

3/1/2019

Account Name Account Number	•	REGISTERED AGENTS	INC.
Phone Fax Number	:	(307)200-2803 (855)330-1010	

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address pleas

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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.

I. Na	une of the limited liability company: BDD Glo	bal L	LC			
? (a)	25 RADCLIFFE DRIVE	ſŀ	, 25 RAD	OCLIFFE DRIVE		
(4)	Principal office address of limited liability company: ( <i>Note: MUST BE STREET ADDRESS</i> )		Mi	iling address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	VOORHEES, NJ 08043		VOORHE	ES, NJ 08043		
	02/01/2016		L1600002	22249		
3.	Date of filing/registration in Florida	4.	I	Document number		
5. (a)	L&L PARA LTD CO.					
(,	Registered Agent and Registered Office shown on the records of	the Florid	Dept. of State:			
	27911 CROWN LAKE BLVD					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	2			
	SUITE 201			<del>-</del>		
	BONITA SPRINGS, FI	_3413	5	ALEA		
(b)	Registered Agents Inc.			MAR -		
()	Enter name of NEW Registered Agent and/or NEW Registered	d <u>Office ad</u>	dress:	ing T		
	7901 4th St N			PH D FSIATE FLORIDE		
	NEW Registered Office Address:			A		
	STE 300					
	St. Petersburg	L_33702	2			
the cha agent v was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members ieles of organization or the operating agreement of the	f the regi iability co of the lin	stered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
	Reiting Paris	Rile	ey Park			
Signa	nure of a member or authorized representative of a member			Printed or typed name of signee		

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.

Bill Havre - Assistant Secretary

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, F1. 32314 FILING FEE: \$25.00