

L16000023240

(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



300302704223

08/18/17--01012--013 **25.00

FILED

17 SEP -7 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]
9/2/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2017

ELI GARCIA
470 3RD ST. S. APT. 405
ST. PETERSBURG, FL 33701 US

SUBJECT: BAC DIGITAL SOLUTIONS LLC
Ref. Number: L16000023240

We have received your document for BAC DIGITAL SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 254-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 417A00017233

2017 SEP -7 AM 10:21
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAC Digital Solutions

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eli Garcia

Name of Person

Bac Digital Solutions

Firm/Company

470 3rd St. S. Apt. 405

Address

St. petersburg, FL 33701

City/State and Zip Code

info@bacdigitalsolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eli Garcia

at (727) 5121642

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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: BAC Digital Solutions

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

470 3rd St. S #405

St Petersburg, FL 33701

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

470 3rd st. S #405

St Petersburg, FL 33701

02/03/2016

3. Date of filing/registration in Florida

L16000023240

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Garcia, Eli

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

470 3rd St. S. #405

St Petersburg, FL 33701

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Bianchi, Julio J.

NEW Registered Office Address:

FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Eli Garcia
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.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
17 SEP -7 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA