160001	17208				
(Requestor's Name) (Address) (Address)	100330178551				
(City/State/Zip/Phone #)	06/10/1901032032 **25.00				
(Business Entity Name)					
(Document Number) Certified Copies Certificates of Status	FILE				
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COVER LETTER

TO: Registration Section Division of Corporations

BGZ LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam;

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

Please return all correspondence concerning this matter to the following:

Larice Lima

Name of Person

PGL3 Services LLC

Firm/Company

15800 Pines Blvd, Ste 316

Address

Pembroke Pines, FL 33027

City/State and Zip Code

larice.lima@pgl3services.com

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

For further information concerning this matter, please call:

320-0738 Larice Lima 941 Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: **Registration Section** Registration Section Division of Corporations Division of Corporations **Clifton Building** P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: G¥\$25 Filing Fee □ \$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.

1. N	ame of the limited liability company: BGZ LLC							
2. (a)	2875 N.E. 191ST ST., STE. 200		(b) 2875	N.E. 191ST ST., 5	STE. 20	C	<u>•</u>	
	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)	-	()	-	tailing address of limited flability company: (<u>Sofe:</u>			
	AVENTURA, FL 33180	-	AVENTURA, FL 33180				<u> </u>	
	06/21/2016	-		117208				
3.	Date of filing/registration in Florida	با .		Document number			<u>-</u>	
5. (a)	CORPORATE CREATIONS NETWORK, INC							
()	Registered Agent and Registered Office shown on the records of th 11380 PROSPERITY FARMS ROAD	e Flori	ida Dept. of St	ate:				
	Registered Office Address <u>MUST BE FLORIDA STREET AI</u> #221E	DDRE:	<u>SS</u> /		5.			
	PALM BEACH GARDENS	3341	0			19		
(b)	PGL3 SERVICES LLC				1142 S	I NUL	<u>م</u>	
(-)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice a	iddress:		(E)	0	<u> </u>	
	15800 PINES BLVD				013	AH I'la	E D	
	NEW Registered Office Address:				20 전문	 CD		
	SUITE 316]> 	ω		
	PEMBROKE PINES	3027	7					
the chai agent w was/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of th fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of t cles of organization or the operating agreement of the lin	ie reg ility c the lit	istered offic company, it nited liabili	ce and the business o is hereby confirmed ity company or as oth	ffice of th that the cl	e regist hange(s	ered)	
	Ketter herey	De	nise Albe	rt Pinheiro Legey				
ţ,	are of a member or authorized representative of a member			Printed or typed name	-			
i neren provisio	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe	10 ac rforn	ri in this cap nance of my	oacuy, A jurther agre duties, and Lam Jam	re to com iliar with	and ac	the cept	

provisions of all statutes relative to the proper and complete performance of my duites, 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 of Registered Agent

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

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