

L16000119585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

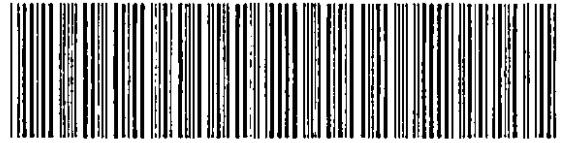
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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300352073463

RECEIVED

2020 SEP 14 PM 3:10

OFFICE OF THE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2020 SEP 14 PM 2:49

C. GOLDEN

SEP 15 2020

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

78 OCT 16 PM 3:04

Account Number FCA000000017
Date: 9-14-20

Requestor Name: Carlton Fields
Address: Post Office Drawer 190
Tallahassee, Florida 32302
Telephone: (850) 513-3619 - direct
(850) 224-1585

Contact Name: Kim Pullen, CP, FRP

AUTHORIZED AMOUNT TO
DEDUCT FROM ACCOUNT

\$ 25.00

Corporation Name: Bahama Island Holdings, LLC

Email Address:

Entity Number:

Authorization:

L16000119585
Kim Pullen

☐ Certified Copy

☐ New Filings

☐ Fictitious Name

☐ Plain Stamped Copy

☒ Amendments

☐ Certificate of Status

☐ Annual Report

☐ Registration

(X) Call When Ready

(X) Walk In

(X) Call if Problem

() Will Wait

() After 4:30

(X) Pick Up

CF Internal Use Only

Client 14132

Matter 40236

Name Ryder

Office MIA

**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: BAHAMA ISLAND HOLDINGS, LLC
2. (a) 955 NW 17TH AVENUE
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
BUILDING J
DELRAY BEACH, FLORIDA 33445
- (b) 955 NW 17TH AVENUE
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
BUILDING J
DELRAY BEACH, FLORIDA 33445
3. JUNE 24, 2016
Date of filing/registration in Florida
4. L18000119585
Document number
5. (a) CORPORATION COMPANY OF ORLANDO
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
300 SOUTH ORANGE AVENUE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE 1600
ORLANDO, FL 32801
- (b) CF REGISTERED AGENT, INC.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

BY: DANA CHAABAN, AUTHORIZED REPRESENTATIVE
NEW Registered Office Address:
100 S. ASHLEY DRIVE, SUITE 400

TAMPA, FL 33602

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

JAMES L. DAY, Authorized Representative of Manager

Printed or typed name of signer

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