

L16000130346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

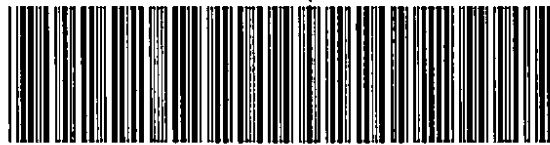
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 AUG - 7 PM 4:42

M. MILLIGAN
AUG 08 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

BF12

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:

Bruce Federico

Name of Person

BF12 LLC

Firm/Company

3107 Gianna Way

Address

Land O Lakes FL 34638

City/State and Zip Code

brucefederico@gmail.com

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

For further information concerning this matter, please call:

Bruce Federico

Name of Person

at (813) 294 3045

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

INHS18 (2/14)

already paid per letter 917A00015129

RECEIVED
TALLAHASSEE, FLORIDA

2017 AUG - 7 PM 2:01

RECEIVED

mm



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2017

BRUCE FEDERICO
3107 GIANNA WAY
LAND O'LAKES, FL 34638

SUBJECT: BF^2 LLC
Ref. Number: L16000130346

We have received your document for BF^2 LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return 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) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 917A00015129

**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: BF¹²
2. (a) 3107 Hanna Way Land O Lakes FL (b) _____
Principal office address of limited liability company: 34638 Mailing address of limited liability company: _____
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 8/4/17 Date of filing/registration in Florida 4. L16000130346 Document number

5. (a) ~~State Fed~~ United State Corp Agents Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept/of State:
13302 Winding Oak Court A Tampa
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa, FL 33612

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

3107 Hanna Way
NEW Registered Office Address:

Land O Lakes, FL 34638

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.

B. J. Feder
Signature of a member or authorized representative of a member

Bruce Federico
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.

B. J. Feder
Signature of Registered Agent

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 AUG - 7 PM 4:42