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(((H210000304543)))



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LLC REGISTERED AGENT CHANGE **BP TAX ADVISORY LLC**

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

16082372310

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.

BP TAX ADVISORY ELC

1. ?	Name of the limited liability company: BPTAX ADV IS		848 Brickell Avenue, Ste 203
2. (a)	848 Brickell Avenue, Ste 203 Principal office address of limited habitity company: (Note: MUST BE STREET ADDRESS)	_ (b)	Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)
	Miami, Florida 33131		Miami, Florida 33131
	11/9/2016		L1600v206182
3.	Date of filing/registration in Florida	4.	Document number
٠,	SUPERBIZ REGISTERED AGENT, INC.		
5. (a)	Registered Agent and Registered Office shown on the records of th	e Florida I	Эерт, of State.
	5647 110 TH A VENUE N Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	
	Registeren Office Adultes (STCS) BE VISIONIZA STREET 7.0	17471(121117	
	ROYAL PALM BEACH FL_	33411	2021 JAN 22 AM 8: 52 SETALLATIAS SEE: FL
	Business Filings Incorporated		IAN 22 AM
	Enter name of NEW Registered Agent and/or NEW Registered (res:
	1200 South Pine Island Road NEW Registered Office Address:		8: 52 FL
	Distanto	33324	
the cager	Plantation , FL elimited liability company is not organized under the law change or changes are made, the Florida street address of it will be identical. Or, in the case of a Florida limited lia were authorized by an affurnative vote of the members of articles of organization or the operating agreement of the l	s of the the regis bility co f the limi	mpany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
	indicational.		Gustavo Havranek, Manager
Si			Printed crityped name of signee
I he provide the to moti	mattice of a member of authorized representance of a member reby accept the appointment as registered agent and agre- isions of all statutes relative to the proper and complete p poligations of my position as registered agent as provided evely reflect a change in the registered office address. I h field in writing of this change.	ce to act perfor m a Ltor in C pereby ca	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed in firm that the limited liability company has been
Sion	Mark Williams, AVP, Business F	ilings In	corporated
	···· • • • • • • • • • • • • • • • • •		

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

INHS18 (2/14)

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