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S. WARREN NOV 0 8 2017

## COVER LETTER \*

TO: Registration Section Division of Corporations						
BBGTF LLC SUBJECT:						
Name o	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 r	natter to the following:					
JEN DINAPOLI						
Name of Person						
BBGTF LLC						
Firm/Company						
920 TROPIC DRIVE UNIT A						
Address						
VERO BEACH, FL 32963						
City/State and Zip Code	·					
JDINAPOLI@SORBENTSYSTEMS.COM						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, ple	ease call:					
JEN DINAPOLI	772 530-0618					
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						

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:  BBGTF LLC				
2. (a)	920 TROPIC DRIVE	(h	(b) 920 TROPIC DRIVE		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0	,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	UNIT A		UNIT A		
	VERO BEACH, FL 32963	_	VERO B	EACH, FL 32963	
	NOVEMBER 29, 2016		L1600021	16951	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	ELIZABETH SCOFIELD				
()	Registered Agent and Registered Office shown on the records of the STIDES RD	he Florida	Dept. of State	<b>:</b> ::	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2)	-	
				TANK 1	
	VERO BEACH, FL	32963		FILL NOV -6 CHANASS	
(b)	JEN DINAPOLI			Lil	
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	<b>三</b>	
	920 TROPIC DRIVE			AM II: 53 OF STATE E. FLORIDA	
	NEW Registered Office Address:			-	
	UNIT A			_	
	VERO BEACH, FL	32963			
agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Ot, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regise bility confither the limited limite	stered office ompany, it is sited liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.	
Sign	the of a member of authorized representative of a member			Printed or typed name of signee	
provis the ob- to mer notifie	by accept the appointment as registered agent and agreins of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change in the registered office address, I have a change of this change.	perform l for in (	ance of my c Chapter 605	duties, and I am familiar with and accept F.S. Or if this document is being filed	
Signati	are of Registered Agent				

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