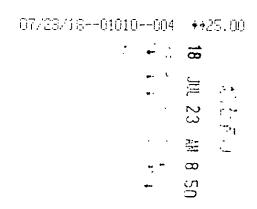
L16000216951

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	÷ #)			
PICK-UP	MAIT WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	ertified Copies Certificates of Status				
Special Instructions to Filing Officer:					





200316021942



JUL 2 8 2018 S. PRATHER

COVER LETTER

	gistration Section vision of Corporations	
SUBJECT	BBGTF LLC Name of Lim	ited Liability Company
Dear Sir or	Madam:	
The enclose	ed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please retur	rn all correspondence concerning this matter	to the following:
<u>David</u>	MOOYC Name of Person	
	Firm/Company	
<u>454</u>	23rd St. SE Address	
Vero 1	Beach ; FL 32962 City/State and Zip Code	
IMP(1K	YV TWAMOUL COM	t notification)
For further	information concerning this matter, please ca	all:
David	MOOYC at (E	318) 631 - 1675
	Name of Person	Area Code & Daytime Telephone Number
	REET/COURIER ADDRESS: gistration Section	MAILING ADDRESS: Registration Section
	vision of Corporations	Division of Corporations
	fton Building	P.O. Box 6327
	51 Executive Center Circle Ilahassee, Florida 32301	Tallahassee, Florida 32314
En	closed is a check for the following amount	:
E k	\$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. Na	me of the limited liability company: BBGTF	LLC			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Sebashan, FL 32958	(b)	Mailing address of limiter (Note: MAY BE POS)	-	
3. 5. (a)	Date of filing/registration in Florida YOUNGPO! Registered Agent and Registered Office shown on the records of the	4. e Florida Dept. of Sta	Document number		
	920 Tropic Drive, Unit A Registered Office Address (MUST BE FLORIDA STREET A)			• `	18 JUL 23 科
(b)	Enter name of NEW Registered Agent and/or NEW Registered C		_	ø ·	雜 ◎ 50
	NEW Registered Office Address:	22050	_		
the cha agent w was/we	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability a member authorized representative of a member	s of the State of F he registered offic pility company, it the limited liabili	e and the business of is hereby confirmed t ty company or as other	fice of the hat the cherwise pro	ie registere hange(s)
provisie the obli to mere notified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change. Division of Corporations P.O. Be	erformance of my for in Chapter 60 ereby confirm that	duties, and I am Jam 5, F.S. Or, if this doc the limited liability o	e to comp iliar with rument is rompany	oly with the and accep being filed has been

FILING FEE: \$25.00