## L17000063431

	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UF	P WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					



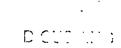


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## **COVER LETTER**

TO:

INHS18 (2/14)

_	stration Section ion of Corporations	
SUBJECT:	BASS EMPLOYMENT SERVICE	·
	Name of	f Limited Liability Company
Dear Sir or M	ladam:	
The enclosed	Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please return	all correspondence concerning this ma	atter to the following:
Joshua A. I	Payne	
	Name of Person	
	Firm/Company	
740 SE Ind	lian Street	
	Address	<del></del>
Stuart, FL 3	34997	
	City/State and Zip Code	
legal@trea	tmentllc.com	
E-mail a	address: (to be used for future annual	report notification)
For further in	formation concerning this matter, plea	ase call;
Joshua A. I		772 210-7817
	Name of Person	Area Code & Daytime Telephone Number
Regis Divis Clifto 2661	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclo	osed is a check for the following am-	ount:
<b>2</b> \$2	5 Filing Fee	□ \$55 Filing Fee & Certified Copy

## 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	ame of the limited liability company: BASS EMPL	OYMEN	IT SERVI	CES, LLC	
2. (a)	770 SE Indian Street	(b) 770 SE Ir		Indian Street	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability co (Note: MAY BE POST OFFICE)	
	Stuart, FL 34997		Stuart, F	L 34997	
	<u></u>				
	3/22/2017		L1700006	53431	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	ABERNETHY, BRUCE R, JR.				
` '	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	<b>:</b>	
	130 S. INDIAN RIVER DRIVE				
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS</u>	1		
	SUITE 201				
	FT. PIERCE	34950			
(b)	PAYNE, JOSHUA A.  Enter name of NEW Registered Agent and/or NEW Registered	l Office add	<u>lress</u> :		SE SE
	740 SE INDIAN STREET			:	
	NEW Registered Office Address:			· · · · · · · · · · · · · · · · · · ·	PORATION OF STATE
	STUART . FL	34997		·	SHOILS
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the face of greenber or authorized representative of a member	f the regis ability co of the lim limited l	tered office mpany, it is ited liability iability com	e and the business office of the s hereby confirmed that the ch y company or as otherwise pro	e registered ange(s) ovided in
Lheres	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I	ree to act performe ed for in C hereby co	in this cape ince of my c Chapter 605 infirm that i	acity: I further agree to comp	ly with the and accept being filed has been

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

notified in writing of this change.

Signature of Registered Agent