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| (Requestor's Name) | | | | | | | | | |
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| (City/State/Zip/Phone #) | | | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | | | |
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| (Business Entity Name) | | | | | | | | | |
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| (Document Number) | | | | | | | | | |
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| Certified Copies Certificates of Status | | | | | | | | | |
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| Casial Instructions to Filips Office. | | | | | | | | | |
| Special Instructions to Filing Officer: | | | | | | | | | |
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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | | | | |
|---------------|--|-----------------|---|--|--|--|--|--|--|--|
| | | BTI Intern | ational LLC | | | | | | | |
| SUBJ | JECT:Name of Limited Liability Company | | | | | | | | | |
| Dear S | Sir or Madam: | | | | | | | | | |
| The e | nclosed Registered Agent/Registered Of | fice Change a | and fee(s) are submitted for filing. | | | | | | | |
| Please | e return all correspondence concerning th | nis matter to t | he following: | | | | | | | |
| Thor | nas Jernigan | | | | | | | | | |
| | Name of Person | | | | | | | | | |
| BTII | nternational LLC | | | | | | | | | |
| | Firm/Company | | | | | | | | | |
| 8208 | Waterview Blvd | | | | | | | | | |
| • | Address | · · · · · | | | | | | | | |
| Lake | wood Ranch, Florida 34202 | | | | | | | | | |
| - | City/State and Zip Code | | | | | | | | | |
| thom | @bright-trust.com | | | | | | | | | |
| | E-mail address: (to be used for future and | nual report no | otification) | | | | | | | |
| For fu | orther information concerning this matter | , please call: | | | | | | | | |
| Thon | nas Jernigan | 813 | 956-3113 | | | | | | | |
| | Name of Person | ur (| 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 | g amount: | | | | | | | | |
| | ■ \$25 Filing Fee | 0 | \$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.

| I. Na | ame of the limited liability company: BTI Internation | nal LL | С | | · . | | | |
|--|--|---|---|---|----------------------------------|---|---------------------------|--|
| 2. (a) | | (| b) | | | | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address o (Note: MAY B | | • | • | |
| | 8208 Waterview Blvd | | 8208 Waterview Blvd Lakewood Ranch Fl. 34202 L17000100326 | | | | | |
| | Lakewood Ranch Fl. 34202 | | | | | | | |
| | 05/05/2017 | | | | | | | |
| 3. | Date of filing/registration in Florida | 4 . | | Document nu | ımber | | | |
| 5. (a) | | | | | | | | |
| 2. (u) | Registered Agent and Registered Office shown on the records of | the Florid | da Dept. of Stat | e: | | | | |
| | UNITED STATES CORPORATION AGENT | S, INC |). | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | | | | | | | |
| | 13302 WINDING OAK COURT A | | | - | | | | |
| | TAMPA | 33612 | 2 | | TA S | | | |
| | | - | , , , , , , , , , , , , , , , , , , , | _ | | 9 | | |
| (b) | Dar Hu | | . <u> </u> | _ | AHASSE | HAY IS | <u> </u> | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | | | | | | | |
| | | | | | E FLORIDA | X. | <u> </u> | |
| | NEW Registered Office Address: | | | _ | 80 E | ======================================= | O | |
| | 5558 1/2 Park Blvd | | | | AMILE 44 OF STATE OF STATE | | | |
| | | | | _ | | | | |
| | Pinellas Park, FL | 3378 | l | _ | | | | |
| the cha agent v was/w | imited liability company is not organized under the larange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | f the reg ability of of the li limited | sistered offic company, it i mited liabilit | e and the busir is hereby confi ty company or npany. | ness office rmed that | of the c | ne registered hange(s) | |
| Signa | dure of a member or authorized representative of a member | | - Iomas sch | Printed or types | d name of sig | nee | | |
| I here provis the ob- to mer notifie | by accept the appointment as registered agent and agions 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 d in writing of this change. | e pertori | nance of mv | pacity. I furthe duties, and I a | er agree to im familiai | com r wit | h and accept | |
| - 1511all | no or regimerou rigani | | | | | | | |