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To:		
	Division of Corporations	
	Fax Number : (850)617-6383	
From:		•
	Account Name : REGISTERED AGENTS INC.	
	Account Number : I20090000081	
	Phone : (307)200-2803	
	Fax Number : (855)330-1010	

LLC REGISTERED AGENT CHANGE BAKA INVESTMENTS LLC

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\$25.00

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MAY 24 2019 M. SOLOMON

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: Baka Inve	estments, l	LLC		
2. (a)	11905 NW 35th St	_(b) 11905	NW 35th St		
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited lin (Note: MAY BE POST O		
	Unit 5	Unit 5			
	Coral Springs, FL 33065	Coral S	prings, FL 33065		
	07/05/2017	L17000	144284		
3.	Date of filing/registration in Florida	4.	Document number	**********	
5. (a)	TR THE TAXMAN INC				
J. (u)	Registered Agent and Registered Office shown on the records of to 9858 CLINT MOORE RD	he Florida Dept of Sta	te:		
	Registered Office Address (MUST BE FLORIDA STREET A		3 ~ 60	20	
	SUITE C 111-131		 -		:5 :5
	BOCA RATONFL	33496			2019 HAY 23
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N NEW Registered Office Address.	Office add <u>ress</u>	_	TARY OF STATE	áh 9:31
	STE 300				
	St. Petersburg .FL	33702	-		
the cha 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. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	the registered offic ibility company, it I the limited liabili	ee and the business offic is hereby confirmed tha ty company or as othery	ee of the r it the chai	registered ngc(s)
	ature of a member or authorized representative of a member	Riley Park_	Printed or typed name of s	Sansa	
I here provis the ob to mer natifie	thy accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have a change of this change.	performance of inv I for in Chapter 60	pacity. I further agree to duties, and I am famili 15, F.S. Or, if this docur	to comply ar with a ment is be	na accep eing filed