117000152392

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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SECRETARY OF STATE



COVER LETTER

TO:	Registration Section Division of Corporations		V 1				
SUBJ	BBT Property Care LLC						
	Name	oility Company					
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered Office	e Change and fe	e(s) are submitted for filing.				
Please	return all correspondence concerning this	matter to the fo	llowing:				
Tyler	Calabrese						
	Name of Person		-				
ввт	Property Care LLC						
	Firm/Company		-				
2707	pioneer road unit 2						
	Address		-				
Orlar	ndo Florida, 32808						
	City/State and Zip Code		•				
bbtpr	opertycare@gmail.com						
Í	E-mail address: (to be used for future annua	al report notifica	ation)				
For fu	rther information concerning this matter, p	lease call:					
tyler	calabrese	407 at (490-6216				
	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	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314				
	Enclosed is a check for the following amount:						
	☑ \$25 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.

i.	Na	ime of the limited liability company: BBT Property (Care L	LC		
2. ((a)	2702 Pioneer Road unit 2 Orlando, 32808	(b) 2702 Pioneer Road unit 2 Orlando, 32808			
'	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
3.		july 17, 2017 Date of filing/registration in Florida	4.	117000152	2392 Document number	
5. (a)	(a)	UNITES STATES CORPORATION AGENTS,	, INC.	/ 13302 V		
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State 13302 WINDING OAK COURT A TAMPA, FL 33612 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			:	
	(b)				2018 AUG -6 SECRETARY	
		Enter name of NEW Registered Agent and/or NEW Registered Office address: 2702 PIONEER RD UNIT #2			G-6 PH 12: 05 TARY OF STATE AHASSEE, FL	
		NEW Registered Office Address:				
		ORLANDO .FL	32808			
the age was	cha nt w	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabore.	he regicality education the linited in the linited	stered office ompany, it is nited liability liability com	and the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in apany.	
Si	enal	fure of a member or authorized representative of a member	<u> </u>	er Calabre	Printed or typed name of signee	
I he protein the notion	erel visi obl nere ified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I he is writing of this change.	e to acterform for in (erreby c	t in this capa ance of my a Chapter 605 onfirm that t	acity. I further agree to comply with the	